PROCEEDINGS

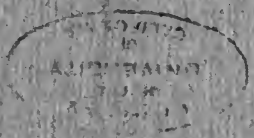
OF THE

MENTAL HYGIENE CONFERENCE AND EXHIBIT

At the

College of the City of New York

New York City



November 8th to 15th, 1912

"A SOUND MIND IN A SOUND BODY"

Compliments of

The National Committee for Mental Hygiene

50 Union Square

New York

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UNDER THE JOINT AUSPICES OF THE

NATIONAL COMMITTEE FOR MENTAL HYGIENE

AND THE

COMMITTEE ON MENTAL HYGIENE

OF THE

STATE CHARITIES AID ASSOCIATION

November 8th to 15th, 1912

PUBLISHED BY THE

COMMITTEE ON MENTAL HYGIENE

OF THE

STATE CHARITIES AID ASSOCIATION

105 EAST 22nd STREET, NEW YORK CITY

SYNOPSIS OF PROGRAM

MENTAL HYGIENE CONFERENCE AND EXHIBIT

Friday, November 8

8 P. M. First Public Meeting.

Monday, November 11

8 P. M. Nurses' Meeting.

Tuesday, November 12

8 P. M. Second Public Meeting.

Wednesday, November 13

4 P. M. College Men's Meeting.

8 P. M. Physicians' Meeting.

Thursday, November 14

4 P. M. College Women's Meeting.

8 P. M. Third Public Meeting.

Friday, November 15

8 P. M. Teachers'Meeting.

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COLLEGE WOMEN'S MEETING

THIRD PUBLIC MEETING

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FOREWORD

The MENTAL HYGIENE MOVEMENT, of which this conference formed a part, is a well organized endeavor to reduce the alarming amount of mental impairment in the United States by making public careful statements of the causes of mental diseases, by securing earlier medical treatment, by promoting special school training and special classes for the atypical child and the child predisposed to nervous and mental disorders, and by encouraging the development of social service for the assistance of individuals in danger of mental breakdown. The movement also includes a medical survey of institutions caring for the insane in the United States for the purpose of determining the best measures to improve standards of care among the 200,000 suffering from mental disorders.

The nation-wide movement is being directed and advanced by the National Committee for Mental Hygiene, 50 Union Square, New York City.

The work in New York City and State is being carried on by the Committee on Mental Hygiene of the State Charities Aid Association, 105 East 22nd Street, New York City.

The Mental Hygiene Conference, whose proceedings constitute this volume, included a series of six evening meetings, two afternoon sessions, and daily stereopticon and moving-picture lectures. Thirty-three physicians, teachers, sociologists, many of international reputation, addressed the conference. Never before has such an array of eminent specialists been gathered in this or any other country for such a purpose. The evening meetings were attended by audiences varying from seven to fifteen hundred. The total attendance at the conference and exhibit for the week approximated twenty-one thousand. The newspapers of this city gave a total of forty columns of news space to the

various meetings and carried home to hundreds of thousands of individuals the essential facts regarding the nature and causes of mental disorders. Reports of the conference were printed very freely in the press throughout the country, with the result that new interest in the movement has been awakened and several states are already organizing committees for the promotion of mental hygiene.

The Mental Hygiene Exhibit which was shown in connection with the conference was prepared by experts in mental diseases under the direction of Dr. Stewart Paton, Princeton, N. J. It is the first extensive exhibit on this subject ever shown in any country. One section deals with the *mechanism of adjustment* (the nervous system)—its relation to the various bodily activities—and attention is directed to some of the simpler forms of adjustment. It shows different types of nervous systems, from the simplest to the most complex, including fish, reptile, and mammal. A number of life histories are shown of patients with different types of those imperfect adjustments popularly called insanity, alienation, or mental disease, and the section ends with charts illustrating the structural changes in the brain which are found in some types of mental disorders. As indicated in these charts, there are still other types of mental disorders in which no structural changes in the brain can be observed by available methods.

Another section of the exhibit shows the number of persons with mental disorders in the institutions for the insane and mentally defective in various States and in foreign countries. Other sections show the controllable causes of mental diseases and defectiveness, the methods of treating those suffering from such disorders and the methods being employed for the prevention of mental disease and defect.

EVERETT S. ELWOOD,
Executive Secretary,
Committee on Mental Hygiene
of the State Charities Aid Association.

THE RÔLE OF HIGHER INSTITUTIONS OF LEARNING IN THE PROMOTION OF SOCIAL BETTERMENT

President John H. Finley
College of the City of New York

You have already had an intimation of how eager I am to extend a welcome to you. I have three times sought it, but the welcome you have had in the voice of the hall is, after all, much more beautiful, and perhaps much more effective than anything I can say. I did not know until very late that I was to make an address upon an assigned subject. I supposed I was to say simply a word of welcome, but this is no fault, I must say, of Mr. Folks. I had due notice, but I forgot. So my word of welcome can simply take a little color of the subject.

But, first of all, I wish to give myself most of the credit for this meeting which occurs here to-night, and you will not say at once that I am conceited. I often speak of the fact that except for something which I did years ago here in New York, New York would never have had the services of Mr. Homer Folks. No one here knows perhaps, except one lady, that I was at one time Secretary of the State Charities Aid Association. I resigned and that made it possible that the Association should have for its Secretary Mr. Homer Folks. I think that, in this fact, this city has one very great reason for lasting gratitude to me. Possibly the City College might have had a better President, but certainly the State Charities Aid Association and the great interests which it represents throughout the State, would have suffered. Mr. Homer Folks made arrangements for this meeting, so you will see how much credit I deserve.

Several have asked me, and I have no doubt that many have wondered, why we have here in this place for the training of

boys and youths and young men—why we have here this conference and this exhibit—why, in the midst of this most hopeful, most ambitious, most exuberant life, there have come these somber charts, these depressing statistics of derangement, of disease, and of degeneracy, and my own ancestors within me have made some protest—my ancestors who looked upon insanity as something unnatural, as well as a possession by an evil spirit. I say they made some protest, and the English department downstairs I think has felt that some of the traditions of literature have been disturbed, for the witches of Macbeth and Ophelia in her madness and Caliban in his animal idiocy are now not figures in literature, but pathological cases.

And yet, after all, it seems to me most fitting and most wise that this place, which is the place for the training of the mind, should give temporary shelter, at least, to those who have come with such concern as is upon your minds,—concern to conserve, to preserve, to strengthen the basis of all educational discipline. I found downstairs this afternoon one of your charts—I think it is the initial chart—with this legend: "Our conduct in thought depends upon the capacity of our nervous system. The brain is the individual by which man lives, moves, and has his being. Education is the process of training the brain and the nervous system by study and discipline. The aim of education should be to develop the capacity of these organs to the utmost." And certainly we, who have to do with the training of youth, should welcome such men and women as have come here to-night to this place of the mind, to this "citadel of truth" as Dr. Van Dyke has called it in his hymn.

But there is a particular reason, another particular reason for your welcome here. Brand Whitlock, the Mayor,—I think he is still the Mayor of Toledo,—in an article which you should all read—I hesitate to call attention to it because I happen to have an article in the same number, but you need not read that—an article in *Scribner's* for November, on "The City and Civilization," an article in which he calls attention to the development of the city sense and tells how artists and poets are beginning

to express the city, the spirit of the city, and how others are planning for betterment of one sort and another, but he says this is not all. Cities are led, in a stupendous and supreme summing up of all the sciences and all the arts, to express the ideals of the people of a democracy, and to work wonderful amelioration of the human soul. But it is to the universities and to the colleges, especially those in the cities, that the people are to look for this stupendous and supreme summing up of the arts and sciences, are to look for the ultimate expression of the ideals of a democracy and for the formulation of those means of amelioration—amelioration of the human soul, and, of course, that amelioration must have its basis in the strengthening of the nervous system, the brain of the human being.

I am very grateful to you on behalf of the college for your coming here to-night and holding this conference and exhibit here, for it seems to me a prophecy of a larger service which this college will in future give to this great city, this city which nourishes it out of its own treasury and gives to the boys who are here by day—more than enough to fill this great room—gives to them the companionships which are exemplified here by the great artist, by Mr. Blashfield. The city has given this companionship to the boy who has his mental training here, and I have been wishing—the wish came to me only the night before last—that this same artist, or another artist, might some day put on the panels at the other end of the hall this same youth, older, but this same youth, with his fire, his life, at his very task down in the city below, carrying this light, holding this light, not so that his own face might be seen, that he himself might be advertised, but so that he might give light to those who are at work in the city below, so that he might push back the verges of death and so that he himself might not stumble or grope at his work. And I hope that as a result of this conference some boys are going out from this place carrying their light to such a service as you are interested in, preventing the shadows falling on the mind of others by reason of these diseases which you are yourself fighting.

I was myself interested several years ago in a great movement in this State. I am proud to have had a part, though not a great part, in a movement in behalf of expert care for all the insane of the State. The movement was called State-Care for the Insane, but it was a movement in behalf of expert care for all the insane of the State. How much more important is this movement than that was,—this movement to prevent the necessity of expert care, this movement in behalf of the conservation of the human brain, the most precious material in God's universe. I am sure that the colleges and the universities of this country which have to do, which have to work, with that precious material, will co-operate with you in spirit and in every practical way in this great work which you have undertaken.

And now, ladies and gentlemen, having made a longer speech of welcome than I thought I should, I have the great pleasure and honor of introducing to you Dr. Barker of Johns Hopkins University; his subject, "Unsoundness of Mind, A National Handicap."

UNSOUNDNESS OF MIND, A NATIONAL HANDICAP

LEWELLYS F. BARKER, M.D.

President of the National Committee for Mental Hygiene, Professor of Medicine, Johns Hopkins University

As many as possible of those who are interested in the movement for Mental Hygiene will, I am sure, be glad to participate in the conference on the subject planned by the Committee on Mental Hygiene of the State Charities Aid Association and the National Committee for Mental Hygiene. That the opening should be held in the great hall of this College and that the opening address of the Conference should be made by President Finley will doubtless call the attention of many whose sympathy for, and support of, the movement, it is desired to secure. There can be no doubt, also, that the Exhibit connected with the Conference will increase the interest of the people of New York City in the campaign directed toward Mental Hygiene. A view of this Exhibit can scarcely fail to enlist the co-operation of right-thinking men and women in a systematized effort to better the thought, the feeling, and the conduct of American people. For that is the object of the mental hygiene movement. It is believed by those who are studying the subject that a proper application of the knowledge already at our disposal could gradually do much to improve the minds of the individuals who collectively make up the nation. The number of children born into the nation with defective brains could be diminished. Through a stricter supervision of immigrants many inferior brains could, with advantage, be denied admission to this country. Social and educational conditions could be improved so that the sum of the influences acting upon the nervous systems of children, adoles-

cents, and adults would be more favorable to brain and mind than now.

WHAT IS MEANT BY "UNSOUNDNESS" OF MIND

In the narrower sense, "unsoundness" of mind refers to those graver disturbances of the mental faculties which we call insanity, idiocy, and imbecility. Idiocy and imbecility, due to imperfect development of the brain, may be the result either of bad heredity, or of serious disease in the earliest period of life. The forms of insanity which occur later in life may also be due in part to bad heredity, in part to bad environment. As examples may be mentioned the insanity of adolescence (sometimes called dementia præcox), the manic-depressive insanities with their maniacal and melancholic states, paranoia and the so-called paranoid states, general paresis due to syphilis, the insanities due to alcoholism, and the insanities accompanying thickening of the arteries of the brain, or senility.

In the broader sense, "unsoundness" of mind is a much more inclusive term. Thus epilepsy, hysteria, hypochondriasis, and psychasthenia are, in reality, conditions in which the mind is to a greater or less extent disturbed. Even in the conditions commonly designated as "neurasthenia" and "nervous breakdown" the mental functions are, usually, temporarily slightly disturbed.

Again, many people seem ignorant of the fact that mind includes not alone "intellect" but also the "affections" and the "will"; to such people "unsoundness" of mind means disturbances of the reason, and it is hard for them to realize that abnormal expressions of emotion, or disorders of the will manifesting themselves in anomalies of conduct, can be evidences of "unsoundness of mind." For the medical man, however, a knowledge of the perversions of feeling and of the deviations from normal behavior which accompany defect or disease, is of the greatest importance in making diagnoses of abnormal mental states and of the disorders of brain-activity which underlie them.

It is just here that the legal conception of responsibility ceases to be synonymous with medical conceptions of responsibility—a notable example of that ambiguity of language which leads so often to disputes. It is encouraging that even in law, which is necessarily and desirably conservative, the idea of "degrees" and varieties of mental unsoundness has in recent decades been gaining currency, and with it the conception of "partial," "diminished," or "attenuated" responsibility as well as that of the "individualization of punishment."

If we keep in mind the fact that conduct, whether good or bad, is directly related to mental states—using the term mental in the wider sense to include all parts of the mind—will and emotion as well as intellect—we can scarcely fail to recognize the close relations which exist between mental unsoundness (in the broader sense) and all those forms of abnormal conduct which characterize the delinquent classes. More than ever before society is coming to recognize that the problems of criminality, of inebriety, of vagrancy, of prostitution, and of pauperism are closely interwoven with the problems of brain disorder, and that efforts directed toward the diminution of the amount of delinquency will be effective only in as far as they succeed also in improving brain quality and brain function, that is, in as far as they provide for better acting minds.

A BURDEN TO THE NATION

Unsoundness of mind is a burden to the nation in more ways than one. In the first place the economic burden is enormous. A member of your Committee, Dr. Charles L. Dana, estimated, in 1904, that the actual cost of caring for the insane and the feeble-minded in the United States amounted to sixty millions of dollars per year and that the loss to the nation in industrial activity due to insanity and idiocy was at least twenty million more. He believed that the care and cost of the diseased and defective brains of the country amounted to over eighty-five millions of dollars annually and that the amount was increasing

absolutely at the rate of 4 per cent. Other investigators believe that to-day the cost is much more than one hundred millions. And these figures, bear in mind, refer to the insane and the feeble-minded only. If we add the cost of criminals and the delinquent classes generally, the expense will be seen to be stupendous.

In addition to the economic burden we must consider also the cost in human suffering, not only that of the mentally unsound themselves but also, and more particularly, the cost in sorrow to those to whom these unfortunates are near and dear. This is a burden not measurable in money. This is a load incomparably harder to bear. Some of you who have come in contact with ill-fated families will have learned from that contact what I mean better than words of mine can tell.

EVERY NATION BEARS A SIMILAR BURDEN

It is calculated that some 250,000 people in the United States are insane. The number is not excessive when compared with the prevalence of insanity in other countries. The number of delinquents of various sorts is unfortunately large in every land. The fact is that every nation has, at present, to bear a similar burden of insanity, imbecility, and delinquency. How long will this continue? It is impossible to say, but judging from the alertness which peoples in modern times manifest with regard to conditions making for national advantage, it seems probable that strenuous efforts will soon be made by the more advanced and cultured nationalities radically to reduce the load of mental disease and deficiency by which they are handicapped. There are a good many who hope and believe that the United States of America will be among the first successfully to move in this direction. Is it not probable that the nations that remain backward in the campaign for mental hygiene, once one or more of the great peoples have made progress in it, will run some risk of failure in the world rivalries in which they may be compelled to participate?

CAN THE OCCURRENCE OF THE UNSOUND MIND BE DIMINISHED?

Is the burden to which I have referred removable? Before answering this question it is necessary to consider the origin of mental unsoundness. Biologically viewed, unsoundness of mind means badly functioning brain. Now a brain may function badly, because it has a bad structure to begin with, or because it has been subjected to influences incompatible with good function, or from a combination of these two conditions.

Certain qualities of brain, which we designate as innate, depend upon heredity, that is to say, upon the qualities of the germplasms inherited from father and mother, but the development of the brain in the child and its functioning throughout life are dependent also upon influences outside itself, acting upon it. Such influences arise partly in the body of the bearer of the brain, partly outside his body in the environment. This doctrine, that the kind of mind an individual has (his thoughts, his feelings, his conduct) depends upon the kind of brain he is born with, and upon the external circumstances which act upon his brain, shows us the direction in which we must look for an answer to our question, Is the burden of unsoundness of mind removable?

Theoretically, the answer is obvious. We shall, on the one hand, have to see to it that children are born with brains of such inherent qualities as will make them capable of development to a certain grade of individual and social usefulness, and, on the other hand, we shall have to regulate the influences which are permitted to act upon the brains of children and adults so that the welfare of their mentality shall be favored and not injured.

DIFFICULTIES

The practical application of the broad principles involved is, however, far from easy. Provision for well-born children is the special field of *eugenics*. The control of external circumstances is the problem of *euthenics*. But there are barriers in the way of practical eugenics which will be hard to pass, and

the impediments to progress in bettering environment are familiar to every social worker. We must take care that the cause of mental hygiene is not injured by rash enthusiasts who propose panaceas, who promise the unattainable, or who fanatically urge the immediate adoption of ill-considered plans of reform. There will be plenty of distrust and apprehension, even of the most sensible applications of sound principles. It is important, therefore, that the advocates of mental hygiene shall endeavor to purge their ranks of the narrow-minded, the imprudent, and the precipitate.

INVESTIGATION AND EDUCATION

A careful examination by sane investigators of the various measures which have been proposed is needed in order to ascertain which of them may be unhesitatingly advised; and only with such measures should the work of application be begun. We possess now a large body of facts bearing upon heredity and environment as they affect the brain and its functions, about which there is unanimity of opinion among men with the training which makes them competent to judge; many of these facts can undoubtedly be applied to the betterment of the brain power of the nation. The public should be systematically instructed regarding such facts. Beyond this, we should be content with stirring up interest in the general subject and with the stimulation of researches which may bring us more definite information to be used later on.

The subject of mental hygiene is in reality very complex. One's ideas about it must be, to a certain extent, colored by his general metaphysical and ethical conceptions. But there are plenty of practical measures to be promulgated which are sufficiently independent of religious or philosophic bias to keep us busy for the present. As to what these measures are I would refer you to the publications of the State Committee on Mental Hygiene, 105 East Twenty-second Street, New York, and of the National Committee for Mental Hygiene, 50 Union Square, New

York, which may be had on applying to the Secretaries. In the Mental Hygiene Exhibit, accompanying this Conference, some of the urgent needs are pointed out.

To recapitulate then, unsoundness of mind in its various forms is alarmingly prevalent in this and in all civilized countries. It is veritably a heavy burden borne by every nation. Its occurrence can be and should be diminished. There are difficulties in the way, but they must be overcome. For the present, we can do most by stimulating investigation and by educating the public regarding well-established facts. Surely, the work is wide and noble in its purpose. It is worthy, surely, of the devotion and enthusiasm of our most patriotic citizens; in such work they can find ample opportunity for the exercise of their highest faculties.

CARE AND PREVENTION, TWO ASPECTS OF THE STATE'S DUTY

James V. May, M.D.
Medical Member, New York State Hospital Commission

The history of the care of the insane is a study of the development of our knowledge of the nature and causation of mental disease. The progress made has been commensurate with the march of civilization and represents an evolution from the superstition and mysticism of the Middle Ages to the modern era of scientific investigation and research.

Insanity was first viewed as a visitation of the gods or a demoniacal possession of its victims, who were put to death as witches or burned at the stake. When time eliminated these primitive misconceptions the insane were chained to prevent violence and even confined in cages and prison cells. Later the necessity of more humane detention became apparent.

Institution care dates back to 1472 in Belgium, to 1403 in England, and to a still earlier period in Italy. In 1660 wards were set apart for mental diseases at the Hôtel Dieu in Paris. In this country the first institutional care of the insane should be accredited, in all probability, to the Philadelphia Hospital and Almshouse, which was established in the neighborhood of 1732. Although it had no special department for that purpose until many years afterwards, the Pennsylvania Hospital, in Philadelphia, admitted the insane to its wards in 1752. The New York Hospital made provision for their care as far back as 1791 and established separate wards for the purpose in 1821.

It is not to be assumed, however, that adequate provision for the supervision of this unfortunate class was established at such an early date. The great majority of the insane were cared for

at home, allowed to wander without restriction, or were committed to almshouses and jails. Referring to the detention of the insane in poorhouses, Dr. Sylvester B. Willard, Secretary of the New York State Medical Society, used the following language in a report made to the legislature in 1864:

"In some of these buildings the insane are kept in cages and cells, dark and prisonlike, as if they were convicts instead of the life-weary, deprived of reason. They are in numerous instances left to sleep on straw like animals, without other bedding, and there are scores who endure the piercing cold and frost of winter without either shoes or stockings being provided for them. . . . In some violent cases the clothing is torn and strewed about the apartments and the lunatics continue to exist in wretched nakedness, having no clothing and sleeping upon straw, wet and filthy with excrement and unchanged for several days. . . . Can any picture be more dismal? And yet it is not overdrawn."

As the result of a memorial presented to the legislature by the State Medical Society in 1836 the hospital at Utica was opened for the reception of patients in 1843. The object of the institution was to care for the acute and recoverable class, the chronic cases being returned to the poorhouses when it was determined that no improvement was to be expected. An effort to remedy this condition of affairs resulted in the establishment of the Willard State Hospital in 1869. Unfortunately, this did not bring about the removal of the insane from the poorhouses, and it was not until 1890 that the great State of New York assumed the responsibility for their supervision. In 1893 the last of these unfortunates were removed from the county houses. Incredible as it may seem, such States as Pennsylvania and New Jersey still adhere largely to the system of county care with all of its drawbacks and disadvantages.

With the advent of State supervision and control in New York many evidences of progress soon became apparent and the purely custodial care of the insane, which had existed for so many years, became a thing of the past. The study of insanity was encouraged, and, as a result largely of the influence of the

German school of psychiatry, an entirely new and modern conception of mental diseases came into vogue and the scientific era of mental medicine was inaugurated. Laboratory research was undertaken and an institute for the study of psychiatry and pathology has been maintained by the State in New York City since 1896.

Although Pinel was accredited with the removal of the shackles and chains from the insane in the latter part of the eighteenth century, it is only within the last few decades that more humane methods of controlling excitement and violence have come into general use. Mechanical restraint has now been replaced largely by hydrotherapy, and the prolonged bath is an important part of the hospital equipment. Patients are allowed to remain in the tub, in water at practically the body temperature, for hours at a time. This form of treatment has been found to be the most reliable means at our disposal of quieting excitement in the insane. When the bath treatment is not available, or has failed in its object, or for some special reason is not indicated, hot or cold packs may be resorted to. In this procedure the patient is first inclosed in a wet sheet, wrung out in hot water, and then securely wrapped in a dry blanket. Hydrotherapy is now an accepted feature in every properly equipped institution for the care of the insane. The hot-air bath, the rain, fan, spray, jet, Scotch douche, and the sitz bath are extensively used. In connection with the hydrotherapeutic treatment massage has been found to be of great value. Much attention has been devoted of late years to the dietetic treatment of mental disease. Adequate facilities are now offered in our large institutions for the proper care of medical and surgical cases, and modern operating rooms are to be found in all well-equipped hospitals for the insane. The patients are under the supervision of eye specialists and the services of a dentist are always available.

The tendency to-day is to grant all the freedom possible to patients who are not suicidal, homicidal, or dangerous for other reasons, and who can be trusted not to leave the hospital premises. It has been found that many wards, and even entire buildings,

can be left unlocked with complete safety. Efforts have been made to eliminate the prison aspect as far as possible by doing away with the use of bars, gratings, and screens on the windows.

The State has made elaborate provisions for the special treatment of the tubercular cases, and pavilions for this purpose have been erected at a number of the State institutions. These buildings are constructed very largely of glass and provided with verandas of such size and number that the patients are given the benefit of open-air treatment. The importance of this attention is shown by the fact that of the 2,886 deaths in the hospitals in the year ending September 30, 1912, 370, or 12.8 per cent., were due to tuberculosis.

One of the old established departments of our public institutions for the insane is the hospital farm. This was originally undertaken largely for commercial purposes, with the idea of raising vegetables and farm products which would reduce the cost of caring for the large and rapidly increasing insane population. The farm lands are usually located at some distance from the hospital buildings, and it has been found convenient to build cottages for the residence of the patients who devote their entire time to agricultural pursuits. The value of this open-air life has not been over-estimated, and if the work was carried on more as a means of giving employment to patients who could be benefited by industrial occupations, the percentage of recoveries would be very largely increased. The great expenditure which is necessary to maintain the large institutions led to an effort to reduce the number of employees required by utilizing the services of all of the able-bodied patients. It will be surprising to persons not familiar with institution life to know that a large percentage of the labor is performed by patients. They do almost all of the ward work, have practically entire care of the lawns and grounds, assist the plumbers, masons, carpenters, painters, bakers, and blacksmiths, often act as teamsters, and make themselves useful in all departments. It finally became apparent that occupation, instituted for purely commercial reasons, constituted one of the

most important therapeutic agents at the disposal of the hospital and was responsible for many recoveries.

These observations led to the institution of industrial education for the apparently hopeless insane in the chronic wards. This is now a well-recognized method of treatment, and many institutions employ persons who devote their entire time to the work. It has been found that many of the chronic insane, particularly the apparently deteriorated cases of dementia præcox, can be greatly benefited by systematic re-education, followed by more advanced courses of instruction, with the ultimate object of interesting the patient in some definite form of occupation and employment. This is almost always accompanied by a corresponding improvement in the general mental condition, frequently terminating in a complete recovery.

It will be readily seen that the success of these methods in the more unfavorable cases depends upon the fact that the first efforts are along very simple lines. The patients are interested first in music, running, wand drills, calisthenics, folk dancing, basket ball, bean-bag games, and school singing, with frequent opportunities for recreation, such as music and entertainments. Light refreshments are served occasionally, to prevent the patients from becoming tired. They gradually progress to more highly developed work, leading eventually to useful occupations of various kinds. The most unfavorable cases are induced to sort waste raffia and tie it into small bundles to be made into rope. From this they are graduated into full-fledged basketry. The women are started at simple sewing and become interested ultimately in embroidery or fancywork. Others are taught artificial flower-making, stenciling, oil and water-color painting, brass-work, book-binding, or rug-weaving. Many of these patients are finally fitted for employment in the various industrial departments of the hospital, where they make shoes, brooms, brushes, and some even do clerical work. The most hopeless cases of dementia præcox have, in some instances, been enabled, as a result of re-educational methods, to return to their homes greatly improved or even cured. The mental improvement goes hand in hand with the

awakening of their interest in their surroundings and their ability to resume their forgotten occupations.

Nor has the education of those who care for the insane been neglected. An adjunct to every properly equipped hospital for the insane, and now recognized as a necessity, is the training school. For many years the care of the patient was intrusted to employees whose duties were purely custodial, to say the least, and who had no training. The education of properly qualified nurses and attendants is now looked upon as one of the most important functions of our hospitals. The modern training school includes a course of theoretical and practical instruction of at least two years' duration. Theoretical instruction by members of the medical staff is given in anatomy, physiology, hygiene, ventilation, materia medica, practical nursing, dietetics, and the care of nervous and mental diseases. Practical instruction is given in bed-making, the study and observation of symptoms, the administration of baths, surgical dressings, the care and preparation of records and charts, hydrotherapy, etc. During the course of instruction the attendants are assigned in turn to the acute or receiving service, the wards for depressed and suicidal patients, the buildings for the destructive, noisy, and violent, the infirmaries, the medical and surgical services, the operating-room, convalescent wards, the laboratory, the tubercular pavilions, and the wards for contagious diseases. The attendants are instructed in the care of the epileptic and with every aspect of the care and treatment of the insane, which is now conducted along strictly hospital lines.

Our present views regarding the responsibility of the State are largely results of the modern conception of the nature and causation of insanity. A large proportion of the inmates of our institutions are such as the result of conditions which are unquestionably preventable. Modern scientific researches have demonstrated beyond the possibility of a doubt the definite relation between syphilis and the disease known as general paresis. The importance of this consideration in the etiology of insanity is shown by the fact that 18 per cent. of the men admitted

to the New York State hospitals in one year, and 7.5 per cent. of the women out of a total of 5,700 first admissions, were cases of general paresis. The importance of alcohol in the etiology of nervous and mental diseases is now quite generally understood by the laity. Of the 5,700 cases admitted to the New York State hospitals during the year ending September 30, 1911, in the cases where definite information was obtainable and where alcohol was not an assigned etiological factor, our investigation shows that 13 per cent. of the men and 3 per cent. of the women were intemperate in their habits; 22.9 per cent. of the male admissions and 8.2 per cent. of the females, a total of 911 cases, or 16 per cent. in all, were directly attributable to alcoholism, which was specified as an etiological factor. In 35.9 per cent. of the male first admissions and 11.2 per cent. of the female, a total of 24.3 per cent. of the cases coming into our hospitals for the first time, alcohol appeared as a habit disorder or an etiological factor. The importance of these data cannot be exaggerated. Nor must the importance of heredity in the causation of insanity be overlooked. Of the 5,700 admissions during the year ending September 30, 1911, where definite information could be obtained, 1,184, or 27.7 per cent. of the cases, showed a history of insanity in the family; 981, or 22.9 per cent., showed a history of nervous diseases, alcoholism, etc. In other words, 50.6 per cent. showed a history of one or the other of these important causes of mental alienation. The great prevalence of cases showing the results of heredity, together with the large percentage which is clearly due to alcoholism, syphilis, drugs, improper mental habits, and other preventable causes, would strongly emphasize the necessity of earlier medical attention.

The first and most important function of the hospital for the treatment of mental diseases should be to encourage close contact with the incipient cases and insure prompt and careful supervision at the very outset. They should be given the benefit of medical advice before they reach the terminal stages of incurability and become hopeless residents of the chronic wards of our institutions for the insane. The dispensaries of general hospitals

should include a department which can serve the purpose of a first aid station, if we may be permitted the use of this term, for nervous and mental diseases. Every large hospital should hold clinics for the dissemination of information regarding these important topics, as well as for the benefit of cases requiring medical treatment. Well equipped dispensaries would not only insure contact with the incipient cases but serve the equally important purpose of keeping in touch with patients who have been discharged from our institutions and prevent a recurrence of the disorder. Hospital treatment would in many cases be entirely avoided if advice could be furnished in time by persons who have been properly trained and who have had adequate experience.

The recent researches of Freud, Jung, and other investigators have shown that many of these psychoses of a functional type are of such a nature as to be manageable and largely preventable. It is also clearly obvious that of the enormous number of persons who, as a result of hereditary tendencies, are susceptible to a nervous or mental breakdown, many could be saved by proper assistance during the developmental stages. The importance of these considerations is shown by the large number of cases coming into our hospitals which may be included in one or another of the classifications which may be considered as either curable or preventable. Of the 5,700 admissions to the fourteen State hospitals during the last year, 13.3 per cent. were cases of general paresis, 10.2 per cent. cases of alcoholic insanity, 16 per cent. of dementia præcox, and 11.2 per cent. of manic-depressive insanity, all of which are either preventable or largely manageable. It will be observed that this amounts to a total of 50.7 per cent., of the entire number of cases.

These statistics clearly indicate the line of procedure which will give the best results. These cases must be met at the outset, not in the chronic wards, but in the clinics, dispensaries, and psychopathic pavilions of our general hospitals, and in the outpatient departments of our institutions for the insane. The necessity of hospital treatment could be obviated by the early supervision of many cases of dementia præcox. Here the prob-

lem consists in the inculcation of normal mental processes in incipient cases. They should be admonished as to their methods of thought and conduct, and mental conflicts must be averted. The desirability of early treatment in individuals who are predisposed by hereditary tendencies to a breakdown, and who are struggling with conflicts to which so many succumb when left to their own resources, would seem to be very evident.

Of the 13,691 admissions to the New York State hospitals during 1909-10, 3,110 persons were discharged as cured; 54 per cent. of these cases had been in the hospital less than six months, 79 per cent. had a hospital residence of only one year, while less than 2 per cent. had a hospital residence of five years or over. Of the cases discharged as cured, nearly 50 per cent. showed a duration of psychosis of less than one month, a little over 70 per cent. of the cases less than three months, and 86 per cent. less than six months' duration. These statistics will of themselves show the urgency of early treatment of mental conditions. Who can estimate the number of cases that could have been prevented, or at least cured without the necessity of hospital care, had they come under supervision and been given early advice by properly trained physicians in dispensaries or psychopathic wards? With proper encouragement the public can be brought to an early realization of what is to be accomplished by early study and advice in mental affections.

The attention which incipient cases require should be undertaken primarily by the general hospital. Consultation with medical officers connected with the psychiatry clinics and dispensaries of these institutions should be encouraged. Any persons who have been subject to previous attacks and are thoroughly conversant with the initial symptoms which characterize their disease, would thus be afforded an opportunity to place themselves subject to expert advice and assistance. Friends or members of the family would also be given an opportunity to consult competent physicians regarding the management and control of incipient cases of those subject to a recurrence of attacks. The fact that a surprisingly large number voluntarily apply to institutions for ad-

mission or treatment shows that many would take advantage of such an opportunity if it were offered. There are frequently persons who do not require a protracted residence in a hospital, but who would obtain inestimable benefits from competent medical supervision. From the dispensaries or out-patient departments, cases needing a more extended and careful observation or a number of grades of treatment may be sent to psychopathic hospitals. These may be conducted in connection with general hospitals or institutions for the insane, or made entirely separate under municipal supervision and control. As an illustration of the results to be obtained, attention may well be called to the work done by Pavilion F of the Albany Hospital. Of 1,038 cases admitted during six years only 183 were subsequently committed to institutions for the insane, 765 being able to resume their former avocations without any other than general hospital treatment. Where State hospitals are available, they may well perform all the functions of the psychopathic hospitals for cities, and they must necessarily do so for the communities of smaller size.

A discussion of the duties and responsibilities of the State as regards the care of its insane wards cannot be complete without a reference to what must necessarily be done after the patients have recovered to such an extent as to warrant their discharge from an institution. The importance of after-care has been emphasized very strongly by the State Charities Aid Association, and much has been accomplished, although a great deal remains to be done. In a number of our hospitals competent persons have been employed who visit the patients on their return to their homes after leaving the hospital. They report to the physicians the surroundings in which they find the patients and the supervision under which they are kept by the persons who have been delegated with the responsibility for their care. By this means it has been possible to obtain the opinion of competent persons from actual observation as to the recovery of the patients and as to the possibility of their discharge from the custody of the State. It will be understood that when they first

return to their homes patients are usually granted a parole which will permit of their being returned should that become necessary. When it is found that there is a recurrence of the symptoms, that the patient is becoming depressed or excited, that suicidal tendencies have been manifested, or that delusional control has become apparent, the after-care agents arrange for the return of the patient to the hospital and thus prevent suicides or homicides.

It will be seen that the actual care of the insane in the institutions comprises only a small part of the great responsibility which devolves upon the State. The established fact that a surprisingly large percentage of the cases in our hospitals are suffering from diseases which are preventable points very clearly to the necessity of an educational campaign. The care of cases predisposed to mental alienation must be undertaken very largely in our general hospitals and dispensaries, where they may be encountered long before they reach a condition where no remedy is available. The tremendous expenditures made necessary by our rapidly increasing insane population may be prevented to a material extent by proper supervision and adequate control of those who are no longer wards of the State, but whose mental condition is such that a recurrence is always possible.

PREVENTION BY POPULAR EDUCATION, IN NEW YORK STATE

Prof. George F. Canfield
Vice-President, State Charities Aid Association

Ladies and Gentlemen:

On one of the county bridges in the State of Vermont is a sign which reads as follows:

"All persons are respectfully requested and strictly forbidden not to trot over this bridge in more than one direction at the same time faster than a walk."

To a faint-hearted person it may seem that an injunction of this sort needs to be addressed to those who are now engaged in the social welfare work of our time. As he contemplates the multitudinous activities of the social service workers in all lines of preventive philanthropy, he may think that they ought to be respectfully requested, if not strictly forbidden, not to try to travel in too many directions at the same time, and not to try to trot faster than a walk. But who will say that any of these activities is unnecessary or even premature and should be abandoned? Neglect of childhood, child labor, improper housing, tuberculosis, inebriety, insanity, feeble-mindedness, and other conditions of this sort—all of them involve so much of poverty and suffering and crime, and all of them impose such a heavy financial burden, as has already been pointed out this evening, upon the more fortunate and thrifty members of society, that the old remedy of dealing with these evils has become entirely inadequate. According to that method, the method of what may be called sentimental philanthropy, the aim has been by the distribution

of charitable relief, simply to mitigate existing evils, accepting them as the inevitable lot of mankind and not attempting to investigate or remove the causes.

According to the modern conception of the function of philanthropy, its duty is a far different one. Its duty is to investigate the causes and to put an end to existing evils, so far as practicable, and to prevent their recurrence by putting an end to the causes which produce them. Hence, all the great work of preventive philanthropy which is engaging the attention of the social workers of our day. One of the latest activities in this direction is this mental hygiene movement, which aims to deal with mental disease in very much the same way as the movement for the prevention of tuberculosis aims to deal with that disease. As there is a National Committee for the prevention of tuberculosis, so there is a National Committee on mental hygiene, and as there are State committees for the prevention of tuberculosis, affiliated with the National Committee, and conducting the work for their respective States, so there is this State Committee of the State Charities Aid Association headed by that very public-spirited and intelligent lady, Miss Rhett, affiliated with the National Committee and conducting and having charge of this movement in the State of New York, and it is under the auspices of the National Committee for Mental Hygiene and this Committee of the State Charities Aid Association that this Conference and Exhibit are held.

One of the methods by which preventive philanthropy endeavors to accomplish its objects is the method of popular education. Why is the method of popular education necessary in this mental hygiene movement, and what may we expect from it? Popular education is necessary because science has not yet discovered a cure for many forms of insanity. If for all forms of insanity there were known a preventive or remedy as efficient as vaccination for smallpox or antitoxin for diphtheria, there would be no occasion for a movement of this sort. Such a remedy or preventive, however, is not yet known, and, so far as science can now foresee, is not likely to be known. But

science does know the causes of a great deal of insanity, and as these causes are under our control, it knows how a great deal of insanity may be prevented. Science, for example, as pointed out this evening, knows that one of the causes of insanity is the use of alcohol, and another cause of insanity is the immoral and dissolute life, these two causes together probably accounting for nearly forty per cent. of the cases. Another cause is the use of morphine or other drugs, and another cause is improper environment and habits of life or thought. Science also knows that many cases of insanity, if they receive prompt and proper care in their incipient stages, may be prevented from becoming incurable, and science knows the measures which are needed for the purpose of providing this prompt and proper care.

But all of this knowledge to become effective must be brought home to the community. It is only potentially a valuable asset to the world so long as it is locked up in the books and the brains of the learned. Until it is disseminated among the people it is a dead and inert mass. That the world should possess a great deal of knowledge which can be applied to preventing the evils which afflict mankind and yet should not be utilized for that purpose, is an extraordinary fact, and one that is better understood now than it was in the philosophy of Plato. If from this day forth the world could and would actively utilize all the knowledge it possesses with respect to the nature and causes of social ills, half the work of our charitable agencies would become unnecessary after a generation. If, for instance, the world could and would from this day forth actively utilize all its knowledge with respect to the nature and causes of tuberculosis, that disease, within a generation, would become of no more evil consequence to the world than smallpox or diphtheria. And what is true of tuberculosis is also true, although perhaps not to the same extent, of insanity. The world, however, does not utilize this knowledge, and why? Because, in the first place, there are many people who do not possess the knowledge at all, and in the second place, there are a great many people who, although they have the knowledge,

do not realize the importance of it sufficiently to make it a principle of action.

A striking illustration of the truth of these statements recently came under my observation. As you all know, during the last three or four years, an active campaign against tuberculosis has been carried on in this State, and the importance of proper habits of life, and especially of fresh air, has been insistently impressed upon us. A few weeks ago I became interested in a well-to-do family living in the country within fifty miles of this great city, consisting of a man and his wife and two children, and occupying a comfortable home of their own, recently built. They had lost two of their children in infancy, and they were in great distress over the health of a third child, a little girl of two years of age, who seemed to be going the way of the other two. My wife consulted an expert on children's diseases in the city, and took him to see the child. After a thorough investigation of the family's habits, he said that the sole explanation of the enfeebled condition of this little girl was a lack of fresh air, and he discovered that this family of four persons, father, mother, and two children, although they owned this commodious house, were all sleeping in the same room with all the windows tightly closed during the balmy mild days of this autumn. Yesterday morning my wife received this letter:

"My dear Mrs. Canfield:

"I will drop you a line to let you know how Mildred is. She seems to be improving now; she goes outdoors quite a lot and sleeps with her window open. She seems to have a much better color now than she did."

If that little girl is saved, what an educational influence that whole incident will have for the little community in which the family lives. Science furnishes the doctor with his knowledge, and this knowledge he can apply in the care of his patients and in the advice which he gives to them and their family, but beyond this, within the limits of his activity as a practitioner, he cannot go. For the wide dissemination of that knowledge throughout

the community, the physician needs the co-operation and assistance of the social worker and of every agency which can be utilized for molding an effective public opinion, and for this purpose he needs the aid and assistance of all the measures and methods of modern popular education.

The Committee of the State Charities Aid Association on Mental Hygiene is one of these agencies acting in co-operation with the medical profession and conducting the work of popular education. It depends absolutely upon the medical profession for its facts and for suggestions as to preventive measures. Receiving the facts from the medical profession, it seeks to bring them home to the State at large by such conferences and exhibits as this, by public meetings, by the circulation of literature, by the aid of newspapers, by organizing county committees, and by interesting as many persons as possible in its active work. By all these means we hope to make plain to everybody the nature and causes of insanity, "bringing home to the average individual," to quote the words of our Secretary, Mr. Folks, Secretary by grace of President Finley resigned, "bringing home to the average individual the fact that it does not come down like lightning from Heaven, striking whom it might, but that it grows out of habits long continued and that even if inherited, it is still, to a substantial degree, under the control of the individual as to the time and nature of its manifestations." By these means also we hope to educate the community with regard to the agencies and measures by which the volume of insanity may be diminished, and as to the character and functions of our great State hospitals for the insane, making plain that the vast majority of insane people and the vast majority of those who are in these hospitals are not what the term "raving maniac" denoted to our ancestors, but simply persons afflicted with disease, some curable, others unfortunately incurable, and that the prime object of the State hospital physician is to cure where cure is possible, and to extend tender care where cure is impossible.

And what may we expect as the result of this campaign of education? We may expect, in the first place, that every one of

us who is actively interested in this work will become educated and so thoroughly educated that he will become an active medium of transmission of his knowledge to all those who are connected with him by ties of kinship or marriage or associated in any of the other relations of life, and also an active medium for influencing the habits and conduct of all such persons. To my mind this is one of the great advantages of movements of this sort, that all those who are actively interested in them may at least succeed in educating themselves, and the more there are who are actively interested the greater, of course, is the advantage.

In the second place, we may expect that this knowledge will in time become diffused far and wide and deep and become a regulating influence of the habits of the community. As the young man realizes more and more clearly what the immoral and dissolute life means in its consequences to him, to himself and his future wife and children, he will develop the capacity to refrain from the self-indulgence that leads to those consequences.

In the third place, and finally, we may expect that as a result of our self-education and of the education of the community there will be formed an effective public opinion which will make it easier to secure and establish those agencies for the care and prevention of insanity and to adopt and enforce those policies and measures which science, the medical profession, and the practical philanthropist shall from time to time approve and recommend as necessary for coping with this problem.

But I should like to add a word to what Dr. Barker has said of the inadvisability of expecting these results too soon. We must not become impatient or discouraged if we do not quickly realize the ultimate object of our efforts. It is no easy task to change the habits and ideals of mankind. It is no easy task abruptly to terminate the intimate and delightful friendship of more than forty years existing between the old gentleman and his Baltimore Club Whisky so attractively presented to the traveler in the subway with all the art and skill of the advertiser. Nor is it an easy task to convince a young man that true manli-

ness does not require that he should devote his time to the pursuit of sowing wild oats at the sacrifice of the future happiness of his wife and children, but because these tasks are hard ones and not to be accomplished without long continued and patient labor, that is no reason why we should shrink from them, nor is it any reason why we should not have faith in our ultimate success and why we should not in the meantime continue our efforts zealously and hopefully. On the contrary, there is less danger that our efforts will be thwarted by discouragement and loss of interest if we realize at the outset that our progress may be slow, that it cannot in any event be rapid, and if we resolve once for all that we should continue our efforts, no matter how slow our progress may be, if only we can see that our progress is leading steadily and inevitably to our coveted goal.

In these days of stress and strain, when so many people are impatient to put an end to evils and to right wrongs overnight, I feel that it is now in order to add this word of caution to what Dr. Barker himself has said. This mental hygiene movement, dealing as it does with a great social problem, should appeal to every thoughtful person, however uninteresting it may seem to the impetuous reformer, provided only it gives promise of substantial achievement and even if that achievement can be accomplished only after years of patient and earnest effort. The modern man of business, hurrying nervously to his office, may feel a temporary thrill as he sees towering above him a forty-story building erected within a space of less than two years, but who does not derive a deeper and more durable satisfaction from the contemplation of one of the noble cathedrals of the Middle Ages, the work of many hands and loving hearts continued through generations of effort?

This movement should also appeal to every thoughtful person because it is an attempt to deal with a grave social problem by individual effort and voluntary collective action. It is based upon faith in human nature, upon faith in the individual man and woman, upon faith that social betterment can come and will come through the education of the individual and the adoption

of right national ideals. It appeals, therefore, to everyone who, like myself, feels that a nation is not worth saving unless it has the capacity to save itself; in other words, that it is hardly worth while trying to save a nation which has become dependent for its salvation upon a benignant despot and does not possess within its own citizenship and among its individual men and women the capacity for its own salvation, for legislation can be permanently effective only in so far as it gives expression to national ideals and is supported on the broad base of national character. This movement, therefore,—this programme of prevention of insanity by popular education,—deserves the support of every well-wisher of his country. Because it deserves his support it will receive it, and this support generously given will be an assurance of its success and a bright augury for our future welfare.

OPENING ADDRESS

WILLIAM MABON, M.D.

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The subject of the prevention of insanity demands the best thought and efforts of the medical profession, philanthropists, social workers, and all who are interested in the general welfare of the community. The disease is one of the most fearful afflictions that befalls humanity, and the economic waste caused by its ravages amounts to a stupendous sum annually. In certain forms it is extremely curable, and some forms are preventable.

The mental nurse must have self-reliance, self-control, infinite tact, firmness, yet be gentle and kind, have courage, a cool head, ability to act in emergencies, and plenty of common sense. The psychiatrist has to rely on the nurse for a great deal of important data regarding the case, for the patient may succeed in keeping back from the physician the most important symptoms. The mental nurse is one whom the patient must obey, and therefore must be a trusted, firm, respected, and sympathetic friend to those dependent upon her. Every graduate nurse of a general hospital should take a six months' special course in a hospital for mental diseases, thus rounding out her training and preparing herself for every call. On the other hand, the mental nurse in addition to the general and special training she has received at the hospital for the insane should have at least six months' experience in a general hospital, paying particular attention to those subjects which are not met with in a special hospital.

Insanity is a general term for a multiplicity of conditions, which differ in origin, characteristics, and outcome; their management and treatment is correspondingly different. It is divided

into many groups. Some are due to growths, changes in, or injuries to, the substance of the brain. Some, and these are preventable, arise from toxic material, as alcohol, opium, drugs, syphilis, or the products of bacteria. Some are associated with other nervous diseases as hysteria and epilepsy. One form, the manic-depressive, has two phases, one manifested by great physical or mental overactivity, that is by excitement. The other by a depression with mental and physical retardation, or these two forms may alternate in the same patient. Sometimes the insanity is a disorder of the thought process leading to misinterpretations and false ideas and without evidence of being accompanied by any physical disorder. In a large class of cases there is a general mental enfeeblement, oftentimes with pronounced physical changes due to organic disease and frequently associated with senility. Again, it may be the outcome of inherited or acquired constitutional states, rendering the subjects peculiarly susceptible to upsetting influences or incidental physical or mental experiences, presenting difficulties in adjustment which the normal person can overcome, but which in these cases lead to mental breakdown.

You can, therefore, see that the nursing work must be of the highest character. Here there is an opportunity to be something more than the nurse has been heretofore, and to do more than we have ever been able to do for the insane. It is an opportunity for the nursing profession to enter a field of the broadest usefulness heretofore somewhat neglected that promises good results. It has been stated that the cost of maintaining the insane in the public institutions of the United States amounts annually to more than has been expended each year in the construction of the Panama Canal, and if we are able to prevent in a certain proportion of cases the development of insanity there will be a corresponding economic gain in the country.

At any rate, it is well worth the effort, and the psychiatrist and the philanthropist who are interested in this subject must depend to a very considerable extent for aid and assistance upon the social worker, who by preference should be a trained nurse.

Therefore, if the leaders in nursing will turn their attention to the problems connected with the care and treatment of the insane, as well as with the prevention of insanity, the nursing profession itself will be the better for it. The insane will reap great benefit, the nation itself will be better off, and a forward step for humanity will have been taken. We have every reason to believe that prophylaxis will play a great rôle in the field of mental diseases, and while it may not to such a large extent as it does in physical diseases, yet it will be one of vast importance.

The field is new and progress for a time will be slow, for there is very little past experience to guide us. I would, therefore, say that the nurse should make a careful study of the needs of the insane from the nursing and social worker's standpoint, for the need of more efficient management exists and is daily becoming more evident. Whatever you may accomplish for the welfare of this class will add to your distinguished record as well as benefit humanity.

SOCIAL SERVICE IN PREVENTING MENTAL BREAKDOWNS

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The topic assigned to me this evening, namely, social service in preventing mental breakdown, seems self-contradictory, as social service in its stricter application concerns itself with diseased conditions.

The assistance of the social worker, as a rule, is not sought until a breakdown has actually taken place, and as such, social service has only a supplementary relation to the general problem of mental hygiene. The term mental breakdown, however, is here used in its widest sense, comprising many varieties of so-called nervousness, mild mental affections, other mental disturbances in their earlier and incipient stages, as well as the severer types of mental disease. Moreover, in dealing with those conditions which come under the legitimate scope of social service work, unusual opportunities present themselves for the dissemination and inculcation of principles of mental hygiene, to which I shall later direct attention.

Before entering into the discussion of the value of social service work in the treatment of mental and nervous conditions, permit me to say a few words regarding the nature of mental affections.

Herbert Spencer, the great English philosopher, has defined *life* as "The continuous adjustment of internal relations to external relations." We live because the forces within our bodies adjust themselves harmoniously to forces outside of our bodies which surround us. We breathe the air which oxidizes our blood and sustains our health and life. If any disharmony arises between the air we breathe and our circulatory and

respiratory apparatus we suffer ill-health, and if this disharmony becomes complete we are unable to live. If the proportion of oxygen and nitrogen in the air varies, or the atmospheric pressure changes, or if there are obstacles in the air passages, such as consolidation, or other diseased conditions, or the heart fails to pump blood through the lungs with sufficient force, we become ill, and if the disharmony is complete, life itself becomes extinct.

In like manner, and speaking in a very broad, general way, mental health may be defined as the ability of the individual to adjust himself to his social environment. By this, I mean his ability to adapt himself to society, its customs and conventions—to the social fabric in which he lives and of which he is a part. Mental life thus consists of a continuous process of adjustment, and the measure of mental health of an individual is directly proportionate to his ability to adapt himself to his social environment. However, we are not born equal. Many come into the world burdened with traits, tendencies, and defects which seriously impair their power of adjustment; while others, in addition to a vicious heritage, have the still greater misfortune of being exposed to faulty and unfavorable environmental factors which accentuate their inherent defects and tendencies, thus completely depriving them of the ability to adjust themselves.

Some suffer maladjustment by reason of faulty habits—mental and physical; by misunderstandings of themselves and their relations to others. Many of us have desires, longings, and ambitions which must be repressed and suppressed, as they cannot be gratified, but nevertheless make our adaptation to our social environment extremely difficult. Intellectual or social adjustment is obviously much more difficult than physical, because the elemental factors of mental life are more complex and variable.

As is the case in the physical life, one meets with all gradations of maladjustment from total disability to slight deviation. Thus among those wholly unable to adjust themselves are found the imbeciles, idiots, and profoundly demented. These require segregation and an institutional life. In lesser degree, we find

the weak-minded, and some types of the chronic insane who show some slight power of adjustment. Another class includes those who have a higher but still incomplete degree of adjustment,—such as in epilepsy and recurrent mental disturbances. Another large group comprises those who are capable of complete adjustment with assistance, such as neuroses, neurasthenics, psychopathics, alcoholics, and so-called nervous people. Finally, we might mention persons who are odd, eccentric, have the so-called artistic temperament, who show only a very slight degree of maladjustment.

With this very broad conception of mental diseases, we can readily see that the specialist who deals with these affections is virtually a social worker. In handling a patient of this type he first endeavors to make a complete analytical study of the patient and his environing factors,—his physical, religious, sexual, and educational life,—his inherited tendencies and bringing up; his tastes, his habits, his longings and disappointments, with a view of uncovering his faults and shortcomings, his impracticabilities—and his erroneous viewpoint of life, and attempts to correct these by re-education, persuasion, advice, and in some instances material assistance. In other words, he strives to ascertain the factors which place the patient out of harmony with his environment, and either by removing the obstacles, if practicable, or modifying them, assists the patient to adjust himself. It is obvious that the physician alone cannot undertake work of such a multitude of detail, because of the demands upon his time, as well as the character of part of the investigations, which would carry him far out of his sphere. He frequently neglects, therefore, the environmental factors which are equally important, and as a consequence failure is inevitable in a large proportion of cases. The function of the social worker is to meet this need, namely, to aid the physician in the analysis of his patient by obtaining correct information which is beyond his reach, and by carrying the treatment from the consultation room to the home of the patient.

The mind of the neurotic is curiously centered on his illness; suggestions which accentuate his illness or confirm his morbid

fears and fancies, are received more readily than those which are intended to combat them. The ability and fitness of the social worker, therefore, are of paramount importance in handling nervous and mental conditions, as an inadvertent word or erroneous suggestion may nullify all the good that has been done, or even work great injury.

A social worker in addition to enthusiasm, broad sympathy, optimism, energy, tact, and resourcefulness,—qualities of prime importance for the work,—should possess some training in physiology, hygiene, therapeutics, some insight into normal and abnormal psychology, as well as some knowledge in social and domestic science. I do not share the opinion held by some, that the trained nurse does not make the best social worker. On the contrary, I believe that the training and experience which the nurse has acquired are very essential. It is true, however, that a social worker should not be selected merely because she has had the training of a nurse, but if she have the essential qualities and native ability needful for the social worker, her training as a nurse will greatly enhance her usefulness. The discipline through which she has passed, the ability to work under guidance and not assume undue responsibility, peculiarly fit her as a social worker, especially in mental and nervous conditions.

Social service has been carried out in the mental and nervous department of Bellevue Hospital for several years, and while the extent of the work has been very insignificant in comparison with the magnitude of the problem, the results have been gratifying and encouraging. At the hospital, social service lends itself most aptly to four groups of patients.

A large number of patients annually come to the psychopathic wards and the clinics, who, while not sufficiently diseased to require hospital treatment, are yet not well enough to adjust themselves without some aid and assistance. This includes the neuroses, neurasthenias, obsessions, phobias, fixed ideas, and a host of allied conditions which offer the most fertile field for the social worker. Many of these patients are repeatedly returned to our wards in a more aggravated condition; it is my belief that

were every one of these cases followed up by a competent social worker, and looked after in a systematic and intelligent manner under the direction of physicians, a more serious breakdown could be averted in the great majority of cases. With our present limited facilities we can only select special cases.

The following may be cited as illustrative:—A woman of 32, married, has three children; had been nervous for three years and had been going from clinic to clinic, receiving the usual routine treatment of bromides, tonics, etc., without relief. While attending our clinic she was selected as one of the patients for special social service work, on account of an episodic attack of excitement. Psycho-analytical examination of the patient aided by the information obtained by our social worker regarding the home surroundings of the patient, disclosed the following facts: She had gotten the idea that pregnancy in nervous people would lead to insanity and that the offspring of such a mother would also become insane. Without going into details, suffice it to say that she would go into a panic every time she thought she was going to become a mother, and would carefully observe the conduct of her children and misinterpret signs of mental trouble in their ordinary actions. Her continuous nervousness almost disorganized her household, and she formed faulty habits of mind and body. For lack of time I cannot go into details as to why she had not revealed her unfounded fears for some years. The correction of her misunderstandings by the physician, combined with the remedying of her faulty home surroundings by the social worker, brought about a complete recovery, which was as decisive as it was amazing. This patient is visited by our social worker from time to time, and remains well and happy. I am absolutely certain that we could never have had a satisfactory result in this case if we had not enlisted the aid of the social worker, and carried the treatment to the home of the patient.

In this connection may be mentioned the after-care of patients who have had attacks of mental trouble, and who have been treated in State hospitals. Although this work is carried out very carefully by the State hospitals, a number of cases come to us for

aid. I can never forget a young man, 22 years of age, who came to the hospital in tears and asked to be sent to a State hospital from which he had been discharged recovered, three months previously. He was on the verge of breakdown and stated that if he remained at home any longer he felt that he would become mentally ill. He stated that since his return from the State hospital his every action would be misinterpreted by the family as indicative of a return of his mental trouble. That if he came home late at night, or whistled, or sang, or had any little disagreement with his young sister, his family would at once regard him suspiciously. The case was referred to the social worker, who found a home for him away from the family for a short period, and after correcting the wrong point of view of the family, he returned to his home and has been happy, contented, and successful ever since. This young man was saved from a mental breakdown solely by the efforts of social service.

Another group which requires social service is that of the really mentally ill, who at present are sent to State hospitals. I believe that several hundred out of the 2,500 who are annually committed to State hospitals, could be cared for at home, and support themselves and families under systematic and intelligent social service direction.

I refer now to that type of case which is capable of partial adjustment by assistance and supervision. For example, a young married woman suffering from a deteriorating psychosis termed dementia præcox, has been able to remain at home without the necessity of being sent to a State hospital, and take care of her household and children for the past three years, through the assistance of our social service department. This woman entertains some false ideas about her neighbors, her husband and his associates in business, and becomes quite excited at intervals. Our social service nurse by giving wholesome and correcting advice, and at times by suggesting and assisting her to move to another neighborhood, etc., is able to calm, and to some extent dispel, her fancied notions. I am certain that this patient would have

deteriorated in a hospital for the insane, if I had sent her there as I had contemplated doing three years ago.

A woman suffering from a paranoid type of mental trouble, fancying that people follow and talk about her, has been able to work as an artist's assistant, and support herself for the past two years, under the able supervision of our social service nurse.

There are a number of patients who come to see me from time to time, when their fancied wrongs and difficulties overpower them, and with a little advice, which relieves their mental tension, are able to get along. Many such patients could, to some extent, be made self-supporting.

Of course, certain forms of mental trouble should be treated in the State hospital. However, the more I think of the matter and as my experience increases, the more I realize that for some classes of mental diseases hospital treatment may not be the best kind of treatment. These patients become, so to speak, institutionalized. The quiet and routine life of an institution tends to the development of unhealthy physical and mental habits, and as life in an institution is so different from the outside world they are unable to adjust themselves after their discharge. It would be more logical and profitable to treat such patients under normal and natural surroundings at home. I think the old Scotch method, as well as that applied in Cheel in Belgium, with added intelligent social service supervision, is preferable to State hospital care in certain types of mental disease.

Among alcoholics the field for social service work is a broad one, and I believe many who have not undergone marked deterioration, might be reclaimed, and, perhaps, in no other way as effectively as by social service. The causes which prompt people to drink are as innumerable as the drinkers themselves. As is well known, the alcoholic does not drink merely because he likes the taste of alcohol. His intemperance is the expression of the attempt to obtain relief from the difficulties which cause maladjustment, whether they are inherent, environmental, domestic, or otherwise. It follows, therefore, that the logical treatment of inebriety would be along the lines of a complete, analytical study

of a man's personality and of his environment, with the object in view to uncover those difficulties which beset him in his endeavor to adjust himself, and to direct the treatment accordingly.

Looked at from this point of view, the value of social service in the treatment of alcoholics at once becomes evident. Even farm colonies and other institutional treatments would, in my opinion, be of very little value, unless they were aided by systematic and well-organized social service, subsequent to the patients' discharge. Merely confining a man in an institution, where life is reduced to its simplest terms, and where he is scarcely a free agent, and then suddenly returning him to a world where life is complex and the struggle is strenuous, without further aid, is bound to result in failure.

Let me cite the following cases as illustrating the value of social service in the treatment of alcoholics:

Two years ago, a young woman, 28 years of age, had been coming to the alcoholic wards of the hospital as a "repeater," having been admitted four times in six months. She was selected as a promising case for social service. Investigation by the social service nurse disclosed that she belonged to rather a respectable family, but had become involved with a young man with whom she had fallen in love, and with whom she lived, expecting to marry him. For reasons which cannot be detailed here, the marriage did not take place. This brought about a tremendous mental conflict in the young woman, whose previous life had been irreproachable, and which found expression in intemperance. Through the efforts of the social service nurse the marriage took place and, with the correction of some slight physical disability, the young woman has remained happy and temperate for over two years. She is visited from time to time by the social worker.

There are patients in whom the cause of the intemperance is irremediable. In cases of this kind, however, other qualities of the patient can be so developed and made use of that they become stronger and divert the individual from his inherent tendencies. For instance:

A man, 50 years old, suffers from periodic attacks of drinking,

in which indulgence in alcohol is the expression of a mild, recurrent mental trouble, and, therefore, cannot be entirely eradicated. This man has a strong religious inclination, and consequently was advised to seek the aid of religion to overcome his weakness. He has been regularly going to communion every Sunday morning, and as a result has been able to withstand the attacks for a period of nine months, whereas formerly he would only remain temperate for one or two months.

The great value of social service work in "attempted suicide" cases is so apparent that it is hardly necessary to more than mention it, interesting though it would be, if time permitted. At the hospital we have taken up the suicide cases very systematically and accomplished most satisfactory results.

I have only briefly referred to the social service work as carried out at Bellevue Hospital. I could have recounted many satisfactory and encouraging results, which would carry me far beyond the time allotted.

However, our efforts have been at the best merely desultory, because of our limited facilities and means. A comprehensive and systematic method of carrying out social service, would give brilliant results, which would exceed our most sanguine expectations both in an economic and preventive way.

A tentative plan like the following might be suggested to further extend social service work:

Social service centers might be established in various parts of the city, which should be in organic relation with the social service department of the hospital.

Each branch should be under the charge of a competent social worker and be visited at least once a week, or oftener if found necessary, by a physician for the purpose of giving advice and holding clinics.

When patients are discharged from the psychopathic, alcoholic, and other wards, they would be referred, with an abstract of their hospital record, to the branch nearest to where they reside.

When any of the patients who are under care and investiga-

tion at the local branch—whether those who are referred from the hospital, or those who have gone there independently—are thought to require institutional treatment, the hospital branch would be communicated with, giving a brief account of the patients' condition and conferring regarding the advisability of transferring them to the hospital.

This procedure will expedite the transfer of many, and avoid sending those who do not require hospital care. This latter point is rather important as it will prevent the mistake of unnecessarily bringing many patients to the psychopathic wards, which unduly upsets these neurotic persons in many instances.

Weekly conferences would be held, attended by the social workers and the physicians for the purpose of consultation and instruction. This would be very helpful to those engaged in the work, and of decided benefit to the patients.

Another very important and valuable function subserved by such an organization, would be, as I have already intimated, the opportunity afforded for the teaching and exercise of the principles of mental hygiene.

Over 12,000 patients, comprising insane, neurotics, alcoholics, and attempted suicides, etc., are annually discharged from the hospital, nearly all of whom need social service aid. The social worker in visiting the homes of these would come into intimate contact with a very large population—probably 50,000 or more of the wives, husbands, children, sisters, and brothers, etc., of these patients who may be burdened with similar handicaps and exposed to the same environmental conditions.

This would afford splendid opportunities for educational work in mental hygiene. The social worker visiting the home of an habitual drinker may point out, to the mother, the baneful effects of intemperance upon the offspring.

She may advise and direct how assistance may be obtained for backward and defective children, and emphasize the necessity of early training and education while there is still time and opportunity.

A social worker may instruct and caution neurotic families

of which one member has already become insane, and others are surely hastening to mental destruction because of their unhygienic mode of life, both physical and mental.

The social worker may thus advise, instruct, and inculcate principles of mental hygiene, and in doing this she would have ready listeners upon whom the truth of her teaching would be driven home with lasting effect.

May I not appeal on this occasion to the National Committee for Mental Hygiene, and the Committee on Mental Hygiene of the State Charities Aid Association, under whose auspices these meetings are held, for such a concerted and systematic effort for social service work in New York City?

NURSING IN MENTAL DISORDERS

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I shall endeavor in this communication to make a little more plain of what mental nursing consists, and to show the great need of co-operation of the nursing profession in solving the problem of the treatment of mental disorders. The reluctance and timidity with which many nurses meet mental symptoms as soon as they present themselves in physical illness are evidence of inadequate training. Even though a nurse does not care to specialize in this particular branch of nursing, she should be able to meet intelligently the mental conditions which are common in physical disorders.

It is an amazing fact that as soon as the nervous system or the mind becomes affected the patient is apt to become an object of fear or ridicule, and this may be the time when wise treatment would prevent further serious developments. It is only recently that this responsibility has been recognized by physicians, and it has still to be recognized by the nursing profession.

Mental disorders are just one form of sickness; it is only within recent time that we have begun to realize this, the old superstitious attitude towards insanity is still widely prevalent. The care of the sick has made great progress since the days of Sairey Gamp; the man who breaks his leg or has pneumonia, if in a settled community, can now find at his disposal a skilled nurse, a woman of fair intellectual level who has passed several years of purposeful study in preparing for her professional work. Even the poorest individual is able to get this, although he may have to go to a hospital to receive it.

But insanity or mental disease is more complicated than a broken leg or pneumonia; it is not a sickness merely involving one system or organ, but involves the person's adjustment as a complete personality to the demands of environment. This introduction of the personality brings us to the very essence of the problem of nursing the insane.

In surgical cases the physician demands that his patient be nursed by nurses who can be depended upon to carry out rigidly certain impersonal directions, involving attention to the various physical needs of the patient and to the numerous details of skilled surgical nursing; it is important that all these technical details should be rigidly carried out. It would be equally important to give the same attention in nursing an animal after an operation. In order to give the patient satisfactory care the nurse needs to have great technical knowledge and conscientious attention to impersonal details, and there is this same demand in nursing any medical case.

In nursing the insane a nurse should not only have all the skilled medical and surgical knowledge necessary for the above; in addition she has to learn how to nurse the special disorder, which may or may not be complicated by the more usual medical or surgical disorders. What additional knowledge and experience does the mental nurse need to have?

The patients suffer from a disorder of their adjustment to their environment; they may be sad or exhilarated, overactive or underactive; the adjustment may be so disordered that the patient lives in a distorted world of his own, which may have more or less in common with the real world; he may hear imaginary voices and be distressed by odd delusions.

Such disorders go with disordered habits of activity and with disordered interests or lack of interest.

The problem is to restore correct habits of conduct, to recultivate a healthy interest in life.

The solution of the problem rests with the physician, but on the nurse devolves the task of actually carrying out with intelligence and initiative the recommendations of the physician.

The disorders vary a great deal. The treatment of each requires special experience, a great tact, intellectual ability, and keenness of perception, inspired by that sympathy which is the essential of all good nursing regardless of the nature of the sickness. The patient demands encouragement by all methods and in original ways, and those who are losing interest have to be guided in the most optimistic way to normal, healthy activity. It is not enough to confine the nursing attitude to those suffering from physical illnesses, and it is not enough to merely *care* for the patients, to see that they are fed, clothed, and made comfortable; more than humane care is required; there must be specific attention by definite methods, carefully thought out and systematically applied. We have to deal with patients whose moods are abnormal. They may be depressed or morbidly exhilarated, they may be capricious or unusually irritable, they may be overactive or the reverse. Their grasp of the outside world may be quite distorted and their interests quite perverted in degree and quality. In the case of the depressed it is quite necessary that the nurse should understand the patient; she should know the condition from which the patient suffers, should find out what increases or intensifies the condition, should remove as far as possible these unfavorable influences, and try to arouse some natural interest, to engage the patient's activities along lines which will draw him away from the disturbing thoughts and alleviate the distressing condition, which is as painful as any physical suffering.

In exhilaration we have the opposite condition, of greatly increased mental activity and a jolly, boisterous mood subject to sudden changes, so that all the liberty consistent with safety is given.

The treatment of overactivity in the past was restraint, but the application of restraint, even in the most humane form, has an undesirable effect on a sensitive, overwrought, restless patient. So it has been found that this energy can to a certain extent be utilized if directed properly, and can be turned into healthy channels by the proper sort of occupation; this calls for a great deal of judgment and tact, the nurse must be able to select the

right kind of vigorous employment, and exercise that will prove attractive to this very impressionable and variable mood. In this condition of overactivity, packs and continuous baths are also given with the most satisfactory results.

Then there is the opposite condition, that of underactivity, where the patient, under the old way, would be allowed to remain inactive to the great detriment of the general physical and mental condition. The patient, if taken in the beginning by a painstaking, intelligent nurse, can by persuasion and tact be interested in definite things, thereby keeping alive some healthy interest, and by some sort of pleasant activity preventing the horrible state of chronicity, which, in some cases, may be the outgrowth of neglect and inefficient care.

In delusional cases with disordered attitude and corresponding lack of healthy interest, the patients live in a world all their own, and again they must be aroused by some normal interest. It is here that the ingenuity and perseverance of the nurse is tried to the utmost, to be constantly on the alert to direct the actions and to keep the patients' attention. Their life must be directed for them. The physician tries to explain and correct the roots of the trouble, but the nurse has to cultivate their interests. The demands on the nurse require the highest qualities: she must *understand,* she must have initiative and enthusiasm and a desire to learn to serve.

When the nurse does not have an intelligent understanding, she is unable to meet the many and varied conditions which arise and she endeavors to do by force or other unwise tactics what could better be taken care of by a little wise management.

The care that has been given to insane persons in the very recent past has been frequently far from scientific, and in a great many instances not even humane. But this is changing, people are coming up to a higher level, and inefficient care will not longer be tolerated.

A criticism might be made that, in the case of many chronic patients, no amount of care will make any marked improvement; we must remember that these patients are to a certain extent the

product of the régime which is just passing. They pay for the neglect of the nursing profession.

The two agencies most employed in recultivating the healthy interests of the patients and restoring correct habits of conduct are—first, occupational training, which includes basketry, rug and linen weaving, brass and leather work, lace-making, drawing, painting, embroidery of all kinds—and any other things that can possibly be adapted to the needs of the various classes. Individualization in the choice of occupation is necessary in order that the work assigned may be suited to the patient's existing condition. The patient with the degenerative tendency may be improved by the development of the latent interests, thus diminishing unhealthy activities by furnishing healthier substitutes. The depressed patients, who feel as if the weight of the world's woe rests on them, must not be left alone with these distorted thoughts. So some attractive employment must be found for them that will interest them, and finally the unhealthy ideas will be crowded out.

Another important feature of the treatment is calisthenics and games, which furnish a variety of interests, and there is nothing more normalizing than active play. Aside from the beneficial physical effects that healthy activity produces, it enlarges one's interests, and a majority of these people have had a poverty of interests heretofore. A great many of the people who come to us do not know how to play, so that all sorts of bodily activity from the very simplest calisthenics to all normal outdoor sports are employed.

The chronic patient, who has been allowed to remain inactive perhaps for years, we find can best be aroused by music, since the idea of rhythm remains longest. After getting the patient's attention the matter of re-education is well begun.

All sorts of drills and folk dances as well as golf, tennis, hockey, etc., are used to suit the particular need.

The final influence on the patient of systematized treatment is another aspect of the subject which is worthy of attention. If he has been in a hospital where scientific activity prevails, and

where definite treatment has helped to bring about his recovery he realizes that he has been sick, and that he has been in a true hospital, and no longer feels disgraced because he became ill with some mental disorder.

Now we know that much may be done for these patients; we recognize the need of intelligent nursing in the earlier stages, before the patient has his distorted ideas and habits of conduct thoroughly fixed, and we realize that it is to a large extent a nursing problem. The physicians cannot solve it alone.

Nursing was developed in the beginning through altruistic motives; and now it is a remunerative profession.

Mental nursing will have to be taken up with the same enthusiasm and ideals. It has a great future.

MENTAL HYGIENE WORK AND POSSIBILITY OF CO-OPERATION FROM NURSES

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The discovery that mental disease develops through various stages, and that in some cases if the disturbance is discovered in its early stages there is hope of cure, or at least of arresting the progress, marks an epoch in the treatment of insanity. The emphasis is laid now upon the discovery of incipient cases of mental disorders, and if possible so to care for those predisposed by heredity, environment, or temperament to mental breakdown, that such a misfortune may be averted. We are sadly lacking, however, in proper facilities for the early detection and care of incipient cases—the result being that cases that find their way to our State hospitals are as a rule so far advanced that a cure may be impossible.

During the last year out of 5,700 first admissions to 14 New York State hospitals, 13.3 per cent. had syphilis as a causative factor; 10.2 per cent. were alcoholic; 11 per cent., dementia praecox; 11.2 per cent., manic-depressive; giving a total of 50.7 per cent. who were there from preventable and largely manageable causes. Nearly 90 per cent. of those who recovered during the year had been suffering from insanity for less than a year before admission—clearly showing that it is those who have been afflicted with these diseases for a short time that largely make up the number of those discharged as cured from our hospitals. This extends the question of detection, cure, and prevention of insanity beyond the institution, which has not the power of enforcing the admission of patients before it is too

late. The responsibility for this is thrown upon the public at large, and especially upon the medical profession.

And how have the public responded to this opportunity? What steps have been and are being taken to bring about the desired results? Through the efforts of the State Charities Aid Association of New York in 1893 the last patient was transferred from the County Almshouse and placed in a State hospital for the insane. From the study of the care of the insane in other countries it became evident to members of this association that enough had not been accomplished in merely seeing to it that patients suffering from mental disease should receive proper treatment while in the hospital, for when they recovered they were sent back to the same environment and surroundings which may have played a very important part in their breakdown. What had been accomplished within the institution must be given permanency outside the hospital walls. The patient must be assisted over that first most difficult period of readjustment, and as far as possible conditions which would make a second attack probable must be removed. Therefore, in 1906, the State Charities Aid Association of New York took the next step in the care of the insane and provided an after-care worker to follow up discharged cases in their homes. In taking this action the United States for the first time was following out the lines carried on in France, England, Switzerland, Italy, and Japan. However, it was seen that even yet the root of the matter had not been struck. To have the mentally ill properly cared for in especially equipped institutions, and, when possible, to cure them and help them keep well in the outside world, was not enough. The after-care worker in going into the homes of those who had been insane found other members of the same family who were in danger of mental breakdown from the same causes. These cases, if taken in time, could often be prevented. The real question was how to remove the cause of this disease so that it would not be necessary to have patients placed in institutions for the insane; in other words, the cry had become Prevention.

In 1910 the After-care Committee of the State Charities Aid

Association became the Committee on Mental Hygiene for the prevention of insanity. The purpose of this Society is the same as that expressed by the National Committee; namely, the methods of procedure are briefly as follows:

First, and foremost, the education of the public as to all that is known concerning the causes and prevention of insanity,—by means of public meetings, press notices, and distribution of literature; second, the promotion of psychopathic wards for treatment of early cases of mental disease, and mental clinics for the detection and direction of those in danger of mental breakdown; the promotion of better legislation relating to the care of the insane and all indirect factors in the causes of insanity; and the treatment of individual cases on the verge of mental breakdown by means of social service.

The co-operation of the nurses is not only desirable, but necessary for the advance of this movement. As in the campaign against tuberculosis those in the front ranks are nurses, so in the campaign against insanity we must have the help of those women who are especially prepared by training and experience to grasp the subject and who come into direct contact with so many homes. There is still a great deal of superstition connected with insanity and much public prejudice against all institutions for the insane. Nurses can largely help in dispelling such an attitude by making themselves more intelligent on the general subject and having first-hand knowledge of conditions in institutions for the insane. If the training schools of general hospitals would see the opportunity and advantage which they would receive from affiliation with the training schools in State hospitals this would be a great step in advance, both in education and treatment of insanity. It would bring up the standard of the State hospital. That the benefit would be largely on the side of the State hospital is the usual opinion, but in reality it would be of as great advantage to the general nurse, if in no other way than from a purely business standpoint, as those trained in the care of the insane are exceedingly well paid.

The public health nurses have a peculiarly large opportunity

as they have an unusual amount of responsibility. These nurses cannot, as can physicians, diagnose cases, but it is well within their province to feel it their responsibility to be aware when some mental difficulty exists and to familiarize themselves as to the proper method of procedure after such recognition. By this I mean they should know where patients can receive competent medical advice from mental specialists—whether it be a private physician or dispensary—for, as always, the nurse must first receive the diagnosis of a physician, and in this case it should be a specialist. But for the public health nurse, the diagnosis of a physician means the beginning and not the end of her responsibility. This is especially true where there is any mental disorder. The nurse should know the laws regarding insanity in the community in which she lives, and what are the special institutions and methods of admission to these institutions.

I would suggest the following books and pamphlets as exceedingly helpful and instructive to the nurse who wishes to inform herself as to the general types of insanity and their care. These can serve as a working basis for all nurses, but would be but the groundwork to those who can give further time and study to the questions:

Books: "Outlines of Psychiatry," Dr. William A. White; "Why Worry?" Dr. George L. Walton; "The Way with Nerves," Dr. Joseph Collins; "Nursing the Insane," Dr. Clara Barrus; "A Mind that Found Itself," Clifford W. Beers.

Pamphlets: "The State's Duty in the Prevention of Insanity," Albert Warren Ferris, A.M., M.D.; "Our Present Knowledge of the Causes of Insanity," M. Allen Starr, M.D., LL.D.; "A Plan of Campaign for the Prevention of Insanity," Homer Folks, LL.D.; "Newer Forms of Popular Education," Samuel McCune Lindsay, Ph.D., LL.D.; Eugenics Record Office (Bulletin No. 1), "Heredity of Feeble-mindedness," Henry H. Goddard, Ph.D.; "Mental Hygiene Movement," Dr. William L. Russell; "The Prevention of Insanity," Dr. William L. Russell; "Principles of Mental Hygiene Applied to the Management of Children Predisposed to Nervousness," Dr. Lewellys F. Barker;

"Report of State Board of Alienists"; State Charities Aid Association (Annual Reports to the State Commission in Lunacy); "State Hospitals at the Parting of the Ways," Homer Folks, LL.D.; "Why Should Anyone Go Insane?" Homer Folks and Everett S. Elwood; "The Rôle of Education in the Prevention of Insanity," Dr. C. Macfie Campbell.

The books can be obtained from public libraries or book stores, and the pamphlets can be obtained by writing to the Committee on Mental Hygiene of the State Charities Aid Association, 105 East Twenty-second Street, New York City.

OPPORTUNITIES FOR NURSES AND SOCIAL WORKERS IN THE FIELD OF MENTAL HYGIENE

CLIFFORD W. BEERS

Secretary of the National Committee for Mental Hygiene, and Executive Secretary of the Connecticut Society for Mental Hygiene

Social service is personal service. Social service in mental hygiene consists of organized personal service in behalf of the insane, their worried relatives, and those persons in the community who seem in danger of developing mental disorder.

Organized social service of the type mentioned has, in recent years, been established as a part of the work of a few State hospitals for the insane, a few general hospitals, and also in connection with three agencies for mental hygiene, namely, the Connecticut and Illinois Societies for Mental Hygiene and the Committee on Mental Hygiene of the State Charities Aid Association of New York.

The number of hospitals and societies which, within the past few years, have begun to employ social workers in mental hygiene, the proved value of their work, and the admitted need for such workers in all States, is proof, in itself, of the opportunities which, with increasing frequency, will be open to nurses and social workers in the field of mental hygiene. In this connection it is interesting to note that during the seven years which have passed since organized "hospital social service" was introduced into the Massachusetts General Hospital at Boston, "about sixty hospitals and dispensaries in eleven cities have organized social service departments, in various forms, to meet the growing demand."

In the field of mental hygiene an equally rapid growth of organized social service may be confidently predicted; for statis-

tics in the office of the National Committee for Mental Hygiene show that there are in this country over four hundred State, county, municipal, general, or private hospitals, in which insane persons are cared for. Most of these institutions should employ one or more social workers in mental hygiene. Then, too, consider the positions which will be offered to such workers by the societies and "local" committees for mental hygiene, which are destined to be organized. While there are at present only three States in which such agencies are in operation (New York, Illinois, and Connecticut), all States will one day have them. Indeed, it seems likely that at least six new state societies for mental hygiene will be established within the ensuing year, so widespread and keen is the interest becoming in this new and indispensable form of organization. These facts granted, scores of positions in this interesting field will be open to nurses, social workers, and, also, to physicians of requisite ability and training.

What constitutes "requisite ability and training" is difficult to say, the work is so new and so few have as yet engaged in it. For that reason I shall simply present for consideration a description of the kinds of "cases" which have been helped by the Social Service Department of the Connecticut Society for Mental Hygiene, and then tell, in a general way, how they have been helped. In pointing to the work which is being done in Connecticut, I can speak from personal knowledge, it having been my privilege to help organize that pioneer mental hygiene society, of which I still serve as Executive Secretary in connection with my duties as Secretary of the National Committee for Mental Hygiene.

The kinds of cases that can be helped by societies or committees for mental hygiene, such as are already at work in New York, Illinois, and Connecticut, may be classified as follows:

(*a*) Those who seem to be in danger of developing nervous or mental disorder.

(*b*) Those having insane relatives and who need advice as to where to place them and how to effect their commitment and transfer to hospitals.

(*c*) Those who have relatives in a hospital for the insane and who fear they are not doing the best thing possible for them.

(*d*) Those patients in hospitals for the insane who may desire or would be benefited by the friendly visits of a disinterested person in a position to help them.

(*e*) Those patients, discharged or paroled from hospitals, who still need intelligent supervision and help in securing suitable employment, and whose relatives need to be told how to help them readjust themselves to home conditions.

(*f*) Those who, in some degree, are mentally disordered, but who may safely remain in the community if kept employed and given opportunities to discuss their difficulties with a sympathetic and intelligent listener.

(*g*) Those cases referred to the Society by other charitable organizations, by State and local officials (hospital superintendents, judges of courts, health officers, overseers of the poor, and commissioners of charities) and by individuals in the community, especially by physicians, ministers, and teachers, who are often brought into contact with cases of mental disorder.

How these classes of cases may be helped may be described as follows:

(*a*) A person tells the social worker of the Society that he fears he is "going insane,"—a very common fear. The social worker tries to discover his reasons for the fears, which, if they are not delusional, may often be removed by a simple statement of facts. Or, as frequently happens, the person needs advice and treatment by a physician who has made a special study of nervous and mental diseases. If so, he is given the names of physicians who treat such cases as his seems to be, and, if necessary, he is helped to secure the treatment he needs at a minimum of expense, or even free of cost.

(*b*) When a case of mental disorder develops in a family its members are more often than not at a loss to know what to do. The widespread belief that the commitment of a relative brings disgrace upon the patient and his family often results in an unfortunate delay in bringing the patient under treatment. In

such situations, a social worker can render helpful assistance by overcoming prejudices against commitment and hospitals for the insane in general, and also by helping the family to look upon insanity as a disease, not as a disgrace, and upon the sufferer as a sick person in need of prompt and intelligent treatment. A social worker can also help prevent other cases of mental disorder in a family which has already been afflicted, by persuading the weaker or more sensitive members to live within the limit of their resistance to these disorders.

(*c*) Relatives of patients in hospitals for the insane, who effected their commitment without the intervention of a social worker, are often worried by the thought that they are not doing their full duty by them. By showing why such patients should be left where they are, or transferred to another hospital, or taken home, a social worker is able to reassure and comfort such applicants for advice.

(*d*) A considerable number of patients in hospitals for the insane desire, above all things, the privilege of appealing to some disinterested person for advice and assistance. A social worker, because recognized by such patients as a disinterested intermediary, can often gain their confidence, and can then help them, their families, and the hospital officials by acting as a friendly adjuster of real or imagined differences.

(*e*) Whether some patients are to suffer relapse or not depends oftentimes upon the sort of advice and assistance given them (and their relatives) when about to be discharged from the hospital. At this critical time a social worker is able to render valuable help by talking with the relatives of the patients and making their re-entrance into the home-circle easier. If the discharged patients are in a condition to work, the social worker helps to secure suitable employment for them; if pecuniary assistance is needed, a temporary loan from the Society's funds is made, or persons of wealth are found who will assume the expenses incident to re-establishing the recovered patients in society. If, as often happens, discharged patients as a result of their illness re-enter society with permanently impaired mental

capacity, work suited to their diminished ability is, if possible, found for them; and those who are to live with or employ them are told just what may be reasonably expected of them and how they may best help in the work of rehabilitation.

(*f*) As is well known, many mentally disordered persons are at large in the community all the time. A majority of these are eventually committed to institutions, but a large number, whose behavior is not noticeably affected by their condition, may continue their work under favorable conditions. Several such persons who, without supervision and advice, would probably have been committed and become a charge upon the State, have been able to continue their work and support their families, because given an opportunity to consult the social worker of the Society. Such cases, however, are sent to physicians to be examined mentally before responsibility for helping to keep them in the community is assumed.

(*g*) It often happens that hospital and other officials, and representatives of other societies, desire to have cases investigated by the social worker of the Society. By this means facts not easily obtained in any other way are secured and the proper disposition of cases is facilitated. Furthermore, individuals in the community who suddenly find themselves charged with the baffling responsibility of assisting insane persons, or their relatives, also appeal to the social worker for that assistance which they, because of their lack of experience, are unable to give.

In conclusion there are a few points to which I desire to direct attention:

First.—Competent social workers in mental hygiene, or persons possessed of capacity to develop into such workers, are in demand.

Second.—As social service in mental hygiene is, perhaps, one of the most difficult kinds of social work, requiring, as it does, a high type of worker, the salaries paid should be correspondingly high. Two of the existing State societies now pay their head-workers, in charge of social service, fifteen hundred dollars

a year. As the work of such societies develops and their financial resources increase, they will, undoubtedly, feel justified in paying their most competent social workers even more than fifteen hundred dollars. Assistant workers may expect to receive from one thousand to fifteen hundred dollars a year. These, in turn, if they show exceptional aptitude for the work, should be able later to secure more responsible and higher salaried positions in other places.

Third.—Social workers in mental hygiene, or after-care workers, employed by State hospitals for the insane, should be able to command salaries at least equivalent to those paid assistant social workers of societies for mental hygiene, and, in some instances, where responsibility is heavier than is usually the case, they might well expect to receive maximum salaries.

As Secretary of the national organization which is helping to establish societies and "local" committees for mental hygiene throughout the country, I shall be glad to hear from any person who desires added information regarding the topics I have discussed to-night. A letter sent to me in care of the National Committee for Mental Hygiene, 50 Union Square, New York, will be answered and, if desired, a personal interview will be gladly granted to anyone who may do me the honor of asking for one.

SYPHILIS AND INSANITY

Dr. George H. Kirby

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The subject to which I invite your attention this evening deals with one of the most important, as well as one of the most clearly defined, problems to be found in the entire field of mental hygiene. It is a problem, however, which, in common with all others that come closely into relation with the sexual life, has been always tabooed as a subject for frank discussion in open meetings, and likewise strictly excluded as unfit to be mentioned in the public press, except under veiled statements or by mere allusion.

Physicians have, therefore, in the past had little opportunity to present to the public even the simple established facts of the case made out against syphilis as a cause of insanity. Happily there are at the present time many indications that this "hushing up" and "keeping quiet" policy will not much longer block the way against the enlightenment and proper education of the people regarding the part played by this venereal disease in the production of mental unsoundness.

In order to approach this whole subject of the syphilitic caused diseases fairly one must guard against a certain attitude, founded on error, yet all too prevalent in the popular mind: many intelligent persons not only have no interest in the social problem of syphilis, but they feel little or no sympathy for individuals who suffer as a result of syphilis. There is often something of the feeling that these people are afflicted because of willful transgression of religious and moral laws. Many think only of the disease as

something utterly loathsome associated always with vice, crime, and the lowest sort of moral depravity. This, as every physician knows, is untrue. While prostitution is the chief means by which syphilis is disseminated, its victims are claimed in every stratum of society from the highest to the lowest. Among the men admitted to the hospitals whose insanity is due to a syphilitic infection, 75 per cent. of them are married men, most of whom, if guilty of transgression in earlier years, have long since mended their ways and settled down to a moral family life.

Among men, particularly young men, ignorance, thoughtlessness, submission in a moment of weakness, and the influence of suggestion by companions, account for the wrecking of many a life. Temptation comes to almost every man. Ignorance and a wholly wrong attitude towards the sexual instinct make the fall easy for many. One is amazed to hear young men speak lightly, or even jokingly, of venereal disease with no knowledge of what the results may be if this disorder is once contracted.

I could quote to you many cases from my personal knowledge of young men and even boys who acquired syphilis more or less accidentally without ever having been instructed or warned of the danger to which they exposed themselves. We have a patient in the hospital at the present time whose insanity is due to syphilis contracted when he was fourteen years old, at an age when he knew nothing of venereal diseases and had no realization of the possible consequence of an act which he was induced to commit by a person he accidentally met.

It is not within the scope of my paper to discuss the wider social aspects of syphilis or the best means of combating the evil, nor shall I attempt to recount the multitude of diseases which it causes and the consequent suffering and misery which it brings to innumerable homes and families. My task is to present to you briefly what we now know regarding the damage done by syphilis in one particular direction, namely, in the production of mental unsoundness. It will, however, be necessary for me to say a few words regarding the nature of syphilis and its mode of

transmission in order that you may appreciate fully the problem which confronts us.

Although this disease has been described and studied by physicians for centuries, its true cause has only recently been definitely established. Syphilis is now known to be an infectious disease caused by a germ, a micro-organism, which has been identified and its characteristics well studied. Syphilis spreads in two ways: it is transmitted from parent to child or it is communicated directly from one person to another during the sexual act. Occasionally, one might say rarely, it is communicated by accidental contact in other ways. On the parts of the body exposed to the infection the signs that the poison has entered the system may be so slight as to pass almost unnoticed; if, as is usual, a small sore occurs it tends to heal up rapidly with little indication of the direful results which may follow. The germs having once gained entrance into the system, any part of the body or any organ may later be attacked and partially or completely destroyed. By appropriate treatment we may, however, as a rule, control the symptoms that arise within the first few years after infection takes place, and it may appear that the disease has been eradicated from the body. It is, however, well-nigh impossible to say that this has been actually accomplished, for the syphilitic germs possess the remarkable property of lying dormant for a long space of time, often many years, and then beginning to cause trouble again.

This peculiar tendency of the syphilitic germ to remain quiescent for years while all obvious symptoms of the disease disappear, served to keep us long in the dark regarding the true cause of some of the most serious nervous and mental troubles with which physicians have to deal. It was naturally difficult to establish a connection between a nervous or mental breakdown 10, 20, or 30 years after a venereal disease when, during all these years, there had been few, if any, signs that the syphilitic poison was still in the system. Fortunately for our better understanding of these diseases, which develop years after the initial infection, the missing link in the chain of evidence

against syphilis has recently been supplied and we can now present conclusive evidence, whereas we formerly spoke merely of probabilities and could not prove what we suspected.

The proof was furnished by the discovery of a very delicate blood test now known the world over under the name of the physician who devised it as the Wassermann test for syphilis. By this test one can, through examination of a few drops of blood, determine whether or not any trace of syphilitic poison exists in the body of the person tested, and this in spite of the fact that the syphilis may have been acquired many years previously and the individual, at the time of the test, may present no visible symptoms of syphilis itself.

Among the syphilitic diseases, there stands out one in particular that, above all others, commands our earnest attention, first, because of its great frequency and, secondly, because it is not amenable to any known treatment; the result always being death and that usually within two to five years after the disease is recognized. This affection is variously known as paresis, general paralysis, or softening of the brain.

Paresis, or as it is sometimes called, par-é-sis, develops most often 10 to 20 years after the original syphilitic infection, and as most individuals who contract syphilis do so in the earlier years of manhood or womanhood, paresis will appear most often between the 35th and 45th years, just the age at which one is considered to be in the prime of life. Thus we find that apparently robust, normal individuals are stricken in the midst of an active life. The one attacked may have almost forgotten the syphilitic infection of years before and the patient as well as the family and friends are sure to attribute the breakdown to some more recent occurrence, such as overwork, business worry, intemperance, accidental injuries, etc., things which we now know can never alone produce paresis.

The disease comes on, as a rule, slowly; the finer feelings and the higher mental functions suffer first; slight changes in disposition or character are noticed, the ethical sense is impaired, reason and judgment are insidiously undermined, and

very often, before the family or friends are aware that actual mental disease exists, the afflicted individual has committed acts which too often extend in their consequences far beyond the patient himself, and may bring ruin upon his family and others. As the mental symptoms become more marked the patient's mind is apt to be filled with all kinds of impossible schemes and extravagant ideas, the judgment is abolished and the memory is slowly lost, so that the patient may finally have little knowledge of his past life. In the terminal stages the greatest possible degree of mental decay is reached—the patient being reduced eventually to a mere vegetative existence, with little or nothing left to show that the sufferer was once an intelligent being. Accompanying this mental deterioration there are well-marked physical symptoms; the limbs tremble, the power of speech is impaired, convulsions may occur, the patient becomes bed-ridden from weakness or paralysis, and so remains until death finally closes the distressing scene.

The post-mortem examination of the body shows us that the syphilitic poison has caused widespread damage to the brain, the result of a chronic inflammatory condition accompanied by softening and shriveling of the brain matter itself.

Recently a very important remedy known as "606," or Salvarsan, has been brought forward as a cure for syphilis. It appears to have a very remarkable effect in checking various syphilitic symptoms, particularly those that develop soon after the primary infection takes place, but unfortunately we find that it is of absolutely no use in the treatment of paresis.

During the past year 758 patients entered the New York State hospitals suffering from paresis, which number is equivalent to nearly 14 per cent. of all the 5,700 new cases admitted. These 758 persons represent only a part of the cases of paresis that develop in the population, as many patients are sent to private institutions, others are kept at home, and some die in general hospitals. Among all the admissions to the State hospitals we find, with one exception, more cases of paresis than any other single form of mental disorder.

Paresis is much more frequent among men than among women —three times as many men as women are admitted suffering from this disease; we find that 18 to 20 per cent. of all men admitted are suffering from paresis.

It is also known that paresis is much more prevalent in cities than in country districts. Among all the admissions to the State hospitals we find that 22 per cent. of the men who come from cities have paresis, while only 8 per cent. of those who come from the country have this disease. The women show a similar difference, as we find twice as many cases of paresis among city-women as among country-women. These figures show clearly that syphilis is more frequent where the population is most compact.

Another interesting and important fact is that paresis is much more prevalent among the foreign-born population than among the native-born inhabitants. In New York City, for instance, we find that when we compare the foreign-born with the native-born population, there are proportionately twice as many cases of paresis among foreigners as there are among the natives.

Last year 627 patients died of paresis in the New York State hospitals. As has been pointed out by Dr. Salmon, this large number of deaths takes rank with the mortality rate of some of the most dreaded diseases. Typhoid fever is one of the most feared and widespread of the infectious diseases, yet in this State paresis causes over half as many deaths each year. Paresis claims more victims annually than does erysipelas, one of the most common of infectious diseases. Cancer of the breast, a frequent and malignant disease, causes yearly no more deaths than paresis. Statistics show that in this State more deaths result each year from paresis than from dysentery, malaria, smallpox, tetanus, and rabies all combined.

These hundreds of cases of paresis that stream into our hospitals every year represent only a part of the damage that syphilis causes to the mental health of the community. Thanks to the Wassermann blood test and other investigations, we can now

definitely state that syphilis is responsible for many other conditions of mental unsoundness.

In the first place, some very interesting studies have been made on the families of paretic patients. We find that when either the father or the mother suffers from paresis that many other members of the family may be infected with syphilis, and furthermore, we find that a surprisingly large number of children in these families are feeble-minded, nervous, or in other ways abnormal. Dr. Plaut examined a group of 100 children, the offspring of cases of paresis, and found that 45 per cent. were plainly damaged mentally or physically or in both fields; the blood test showed that one-third of these 100 children had the syphilitic poison in their systems.

Another investigator found in a group of 139 children, the descendants of parents who had syphilitic nervous disease, that over 25 per cent. were definitely feeble-minded or affected with some serious nervous disorder.

Other studies indicate that there exists a close relation between syphilis and many of the hitherto unexplained cases of feeble-mindedness, including idiocy, imbecility, infantile paralysis, and some forms of epilepsy. While the question is not yet settled, it appears that syphilis is the real cause of many of these cases of mental defect in children.

A striking example is furnished by the record of a family studied by Dr. Plaut. A thirteen-year-old schoolboy was brought to the hospital because he had a convulsion while at school. Examination showed that he was a case of juvenile paresis in the early stages, the blood giving the usual indication of syphilis. His parents were questioned, but both denied positively that they ever had syphilis. The father would not allow his blood to be examined, but the mother permitted the examination, and she was found to have syphilitic blood, although at the time of the test she appeared to be in good health and claimed to have no knowledge of ever having had syphilis. The four other children in the family were then examined. Two were found to be feeble-minded and the blood test was positive for syphilis. A third

child had previously been treated for a syphilitic skin disease, and the blood test was again positive. A fourth child appeared well and the blood test was negative. It was thus found that in a family of five children the blood test was positive in four, and three of these were mentally abnormal. The mother also had syphilitic blood although she did not know that she had ever contracted syphilis, while the father, who was probably the cause of all the trouble, would not submit to a test.

Such observations as this are particularly instructive, because if the family had not been carefully examined and tested for syphilis, the true reason as to why the children were mentally abnormal would not have been discovered.

In another group of cases of mental disorder due to " syphilis of the nervous system," one finds that the disease has directly attacked the coverings of the brain and the small blood vessels, and inflammatory deposits occur which do serious damage to the brain substance and consequently impair the mentality.

A very frequent disease is arteriosclerosis, or hardening of the blood vessels, a certain number of cases of which are caused by syphilis. When the blood vessels of the brain are attacked very serious mental decay may result. We thus find that many middle-aged or older persons may suffer strokes of paralysis or have convulsions and become insane or demented as a result of the injury that syphilis does to the arteries of the brain.

When we know the grand total of all of these conditions of mental defect and disease, as represented by the hundreds of cases that are received every year in the State hospitals and institutions for the mentally defective, we do not even then gain a correct idea of how great a menace syphilis is to the mental health of the nation. Still the figures which I have quoted to show the actual number of cases of insanity due to syphilis admitted to the State hospitals, should impress every thoughtful citizen with the urgent need of lending his or her efforts to the solution of this problem. As matters now stand, we know that just as many hundreds of cases, and more, will be admitted to the State hospitals next year as in the year now passing.

Every parent and teacher, every spiritual and moral adviser, should not fail to see that every youth is warned and properly instructed before the temptations of the world are faced.

Physicians are almost unanimous in their belief that the first great step will be taken toward the prevention of insanity from syphilis and the control of the disease itself, when we begin to treat syphilis as we do other infectious or contagious diseases. We protect the community against smallpox, diphtheria, scarlet fever, tuberculosis, and other communicable diseases by reporting them to the Board of Health and fighting them by quarantine, isolation, disinfection, and all other means within our power. Why should syphilis, a dangerous, contagious, and infectious disease, be excepted? For the protection of the community every person infected with syphilis should be registered with the health authorities and proper means taken to limit the communication of the disease to others. For the protection of families and for the ultimate improvement of the race, no person who has had syphilis should receive a marriage certificate unless the blood test proves that the poison is no longer in the system.

When we deal with syphilis in this manner, then will the number of cases of hopeless insanity begin to decrease, and fewer feeble-minded children will be born into the world.

HEREDITY IN RELATION TO INSANITY AND EUGENICS

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The object of this paper is to present a summary of certain results which have been gained from recent studies of heredity in insanity. As these results are largely the outgrowth of the application of Mendel's law, I would preface the main body of my remarks with a brief account of the history of Mendelism and of the law itself.

§ 1.—*The History of Mendelism*

Gregor Johann Mendel, the discoverer of the law of heredity, was born in 1822, at Heinzendorf, in Austria. He was educated at the gymnasium at Troppau and at Olmütz, and on graduation joined the Augustinian order and became an inmate of the monastery at Brünn; at the age of twenty-five he was ordained a priest, and four years later was sent to the University of Vienna at the expense of the monastery; after two years at the university devoted to the study of mathematics, physics, and the natural sciences, he returned to the monastery and for a time taught physics in the Realschule at Brünn. His now famous experiments with peas were performed in the garden of the monastery during the eight years from 1857 to 1865. In the latter year he presented his contribution before the Brünn Society, which published it in its scientific transactions in 1866.

After carefully selecting several varieties of peas which possessed certain fixed characteristics he made a systematic study of the results of various combinations through artificial cross-

fertilization. By crossing varieties characterized by very long stems with those characterized by very short ones, he obtained an impure or hybrid variety; similarly he obtained other hybrids by crossing varieties which differed in the color of the seed coat, shape of the seeds, etc. The careful observation of the characteristics of these hybrids and the results obtained by their further cultivation through several generations enabled Mendel to formulate the law of heredity.

It is curious to note that for a long time Mendel's discovery failed to attract any attention; the scientific world was occupied with the epoch-making work of Darwin; Darwin himself died without having heard of Mendel's experiments. Mendel felt keenly this general failure of recognition, yet he seemed to be hopeful, for he was in the habit of saying: "My time will yet come." It was, however, not until 1900—over sixteen years after Mendel's death—that his work began to receive the recognition which corresponds with its overwhelming importance. Since then countless experiments in hybridization have been made by many investigators the world over, and the law of heredity has been found to be a general one, holding good not only for plants but also for animals. Thus various characters in mice, rabbits, cattle, fowl, insects, etc., have been found to be transmitted from generation to generation in accordance with the Mendelian law.

The possibilities of studying the transmission of traits in man are, of course, necessarily limited; for one thing the span of human life is so long, as compared with that of small animals and plants, that an opportunity seldom occurs of observing and comparing the traits of all the members of more than two or three successive generations of a family; yet in spite of this and other difficulties some investigators have succeeded in collecting enough data for studies of the transmission of certain human traits, both normal and abnormal. Thus it has been found that color of eyes, color of hair, form of hair (i.e., whether straight, wavy, curly, or kinky), color of skin, some deformities (webbed fingers, supernumerary fingers), some diseases (hæmophilia, Huntingdon's

chorea), and many other traits in man are passed on from parent to offspring in accordance with Mendel's law.

Let us proceed now to a consideration of the law itself.

§ 2.—*Mendel's Law of Heredity*

The law is easily understood if one bears in mind three simple, almost self-evident truths.

The first of these is that the various traits that an individual may inherit are transmitted for the most part quite independently of one another. This we have all had opportunities to observe every day; just because a person inherits his father's color of hair or complexion, he will not necessarily inherit also his stature or the shape of his nose. Women, who naturally take a greater interest than men in the inherited peculiarities of their children, are perhaps more apt to notice this fact of the independent inheritance of unit characters; one lady, whom I know, has many times been led to observe, when her child would be naughty and fretful, that although it resembles its mother in looks, it inherits its disposition from the father.

The second point to bear in mind is that no individual can transmit to his offspring any character that he himself does not have.

And the third point is that in studying the mode of transmission of any trait it is necessary to take account of the inheritance not from one parent alone, but from both. As I shall endeavor to show presently, in order to predict what color of eyes the children of any couple may have, it is not enough to know the color of the mother's eyes alone, or of the father's alone, but of both; and in many cases it is necessary to refer back to the grandparents or even to earlier generations.

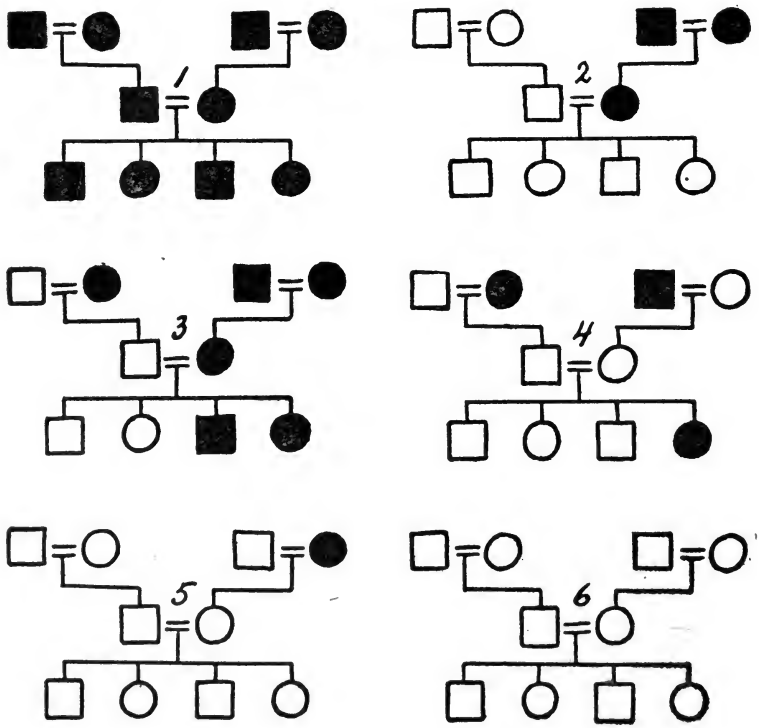
The charts appended herewith will serve to illustrate Mendel's law and some of its applications. Chart I represents inheritance of eye color, showing all theoretically possible combinations of mates and the resulting offspring.

No doubt it is known to most of you that the iris is a mem-

brane consisting of three layers. The two front layers often contain deposits of coloring matter which is the cause of the brown color of eyes; the deepest layer in normal persons always contains coloring matter, so that in those who have no coloring matter in the front two layers the eyes appear blue owing to the color of the deepest layer showing through the opalescent front layers.

CHART I., SHOWING THE SIX POSSIBLE TYPES OF MATING WITH REFERENCE TO EYE COLOR IN ACCORDANCE WITH THE MENDELIAN THEORY

In this chart a blackened square or circle represents a blue-eyed individual, and a blank square or circle represents a brown-eyed individual.



I mention these details because it is necessary to realize that brown eyes and blue eyes are not to be regarded as two independent characters, but rather as cases, respectively, of the presence and absence of a character.

The first mating represented on Chart I is that of two blue-eyed persons; it is obvious that since neither parent possesses the brown-eye feature they cannot transmit it to their offspring; in other words, from such a mating only blue-eyed children will result.

In the second mating represented one parent is brown-eyed and the other blue-eyed. The children will, of course, inherit the brown-eye feature from their father; yet as regards that feature they will all be of impure breed, because the mother is blue-eyed.

The significance of this impurity of breed is shown in some of the other types of mating.

The third mating is that of a brown-eyed person of such impure breed with a blue-eyed person. The father carries in his germ plasm both the brown-eye and blue-eye features; the chance is, then, that half the children will inherit from him the brown-eye feature and the other half will fail to inherit it; from the mother's side, of course, no brown eye-color can be inherited by any of the children; the net result is, clearly, that half the children will be brown-eyed and half will be blue-eyed.

The fourth mating is that of two brown-eyed persons, both of impure breed; each of them may or may not transmit to any offspring the brown-eye feature, and the calculated chance is that one-fourth of the children will inherit the brown-eye feature from both parents, one-half will inherit it from only one parent, and the remaining one-fourth will fail to inherit it from either parent and will, therefore, be blue-eyed.

The fifth mating is that of two brown-eyed persons, one of pure breed, the other of mixed breed. In this case it is clear that all the children will be brown-eyed; half of them will be of pure breed and half of mixed breed.

The sixth and last mating is that of two brown-eyed per-

sons, both of pure breed; the children will, of course, all be brown-eyed and of pure breed.

We may now pass on to the main subject of this paper, namely, the hereditary transmission of insanity.

§ 3.—*Heredity in Insanity*

Insanity has long been known to be transmissible by heredity, but its manner of transmission seemed to be so irregular that the existence of a general law governing it was until recent times hardly suspected.

From the Mendelian standpoint insanity is analogous to blue eyes; that is to say, it is, strictly speaking, not a character but rather a phenomenon due to the absence of a character. Just as blue eyes are due to a lack of coloring matter in the iris, so insanity is due to a defect in mental function.

Of course, I do not mean to say that there is a complete lack of mind in every case of insanity; on the contrary, in the vast majority of cases the lack is only partial and relative. As compared with a normal person an insane person may show more or less lack of judgment, or of power of attention and mental concentration, or of memory, or of emotional stability, or of moral feeling, and so on. The main point that I wish to make is that a person is insane really not because he has inherited some abnormal character, but because he has failed to inherit something that is necessary for the normal development and working of his mind.

Accordingly, theoretical expectation of the kinds of offspring, with reference to insanity, that will result from the six possible combinations of mates, may be stated as follows:

(1) Both parents being insane all the children will be insane.

(2) One parent being normal but with the insane taint from his ancestors, and the other parent being frankly insane, half the children will be normal and the other half will be insane; but even the normal children from such a mating will carry the taint

of insanity in their germ plasm and will be capable of transmitting it to subsequent generations.

(3) One parent being normal and of pure normal ancestry and the other parent being insane, all the children will be normal but will all carry the insane taint in their germ plasm.

(4) Both parents being normal but each with the insane taint from the ancestors, one-fourth of the children will be normal and not capable of transmitting insanity to their progeny; one-half will be normal but capable of transmitting the insane make-up; and the remaining one-fourth will be insane.

(5) Both parents being normal, one of pure normal stock and the other with the insane taint from his ancestors, all the children will be normal, but half of them will carry the taint of insanity in their germ plasm.

(6) Both parents being normal and of pure normal stock, all the children will be normal and entirely free from the taint of insanity.

The question has, no doubt, already arisen in the minds of most of you as to whether actual facts correspond with this theoretical expectation. A partial answer to your question is contained in Table I and Charts II-VII. The Table shows, in statistical form, the results obtained in an investigation of seventy-two families in which there is insanity. The various matings have been classified according to the Mendelian idea, and the numbers of insane and normal offspring which have resulted from all the matings of each type have been put down for comparison alongside of figures representing theoretical expectation.

As you may see for yourselves, there is very close correspondence between theoretical expectation and actual findings; yet the correspondence is not perfect. This lack of perfect correspondence is, however, readily accounted for.

It should be borne in mind that the proportions of theoretical expectation are but an expression of probable chance like the expectation that in flipping a penny the head and tail will each be turned up half the total number of times; in other words, actual

findings will be certain to equal theoretical expectation only as infinity is approached.

TABLE I.—CLOSENESS OF CORRESPONDENCE BETWEEN ACTUAL FINDINGS AND THEORETICAL EXPECTATION ACCORDING TO THE MENDELIAN THEORY

Types of Mating	Neuropathic Offspring		Normal Offspring	
	Actual Findings	Theoretical Expectation	Actual Findings	Theoretical Expectation
1	54	64	10	0
2	190	214½	239	214½
3	0	0	45	45
4	107	80½	215	241½
5	0	0	77	77
6	0	0	0	0
Totals	351	359	586	578

It should further be borne in mind that the data represented in these statistics are by no means wholly free from error; people furnish such data with reluctance, their observations are sometimes very inaccurate; only those who have attempted to collect such information from the relatives and friends of patients in insane hospitals will realize the difficulties as well as the many sources of possible error.

In view of these considerations the correspondence between theoretical expectation and actual findings as shown in the table must be regarded as sufficiently close to justify the conclusion that insanity is transmitted from generation to generation in accordance with Mendel's law.

Perhaps I should add here that this does not by any means apply to all forms of insanity. Some forms result from accidental head injury; others from excessive drinking of alcoholic beverages; still others from habitual self-drugging with morphine, cocaine, or medicines containing them; others again are due to

certain infectious diseases. Roughly, about two-thirds of all cases admitted to insane hospitals occur on a heredity basis.

§ 4.—*Dissimilar, Atavistic, and Collateral Heredity*

All cases of inherited insanity are not alike; even cases occurring in closely related members of the same family often differ greatly from one another.—This is really equivalent to saying that the amount of mental lack varies in different cases.

In some cases we find the defect to be so great that the subjects remain all their lives inferior to many animals in intelligence: they never learn to speak; they never learn even to know their parents or others about them as a dog learns to know his master. These are cases of complete idiocy.

In other cases we find mental development proceeding normally, or approximately so, up to the age of puberty; but at that time the lack of mental endowment begins to be manifest, a process of mental deterioration sets in, and the subject is eventually sent to an insane hospital, there to become an inmate for the rest of his life. This occurs in a group of conditions known to nerve specialists under the name of dementia præcox.

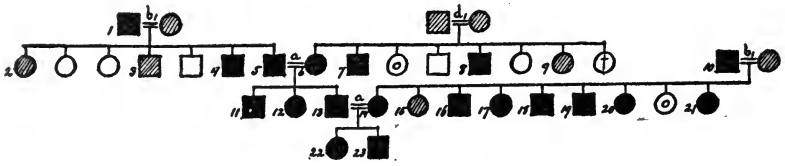
In still other cases the defect is so slight as to amount to nothing more than a partial lack of mental balance and control; under average conditions of environment such subjects are quite capable of leading a normal existence outside of an insane hospital; they pass as eccentric, or excitable, or nervous, etc.; under conditions of extraordinary stress they may suffer a mental breakdown, but this is usually temporary, and after a few weeks' or a few months' stay they are discharged as recovered.

It is not surprising that so highly organized a function as the human mind should show different kinds of disturbance depending upon different degrees of inherited defect, when one considers that even so simple a character as color of eyes shows so many shades of transition from the deepest brown through the lighter browns and brownish-grays to the purest blue.

As I have already had occasion to state, insanity has long been

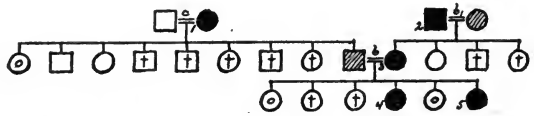
In Charts II.–VII. the following symbols have been employed: a square indicates a male subject; a circle indicates a female subject; □ or ○ = normal subject with normal progeny; ⊡ or ⊙ = normal subject without progeny; ▨ or ◍ = normal subject with neuropathic progeny; ■ or ● = neuropathic subject; ⊞ or ⊕ = subject died in childhood; ⍰ or ⍰ = data unascertained.

CHART II., SHOWING UNUSUAL PREVALENCE OF MENTAL DISORDERS IN A FAMILY



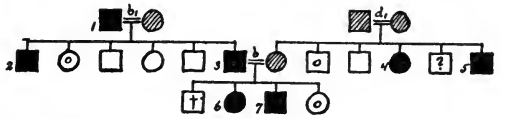
1. Committed suicide by hanging.
2. One daughter insane, another eccentric.
3. One son mentally defective.
4. Alcoholic.
5. Eccentric, quick-tempered, "crazy John."
6. Eccentric, traveled about alone at night, slept through the day.
7. Alcoholic, left his family.
8. Committed suicide by hanging.
9. Daughter committed suicide.
10. Nervous temperament, easily upset.
11. Nervous temperament, "fretter," son was insane and recovered.
12. Nervous temperament, son nervous.
13. Very peculiar, eccentric.
14. Epileptic.
15. One son mentally defective.
16. Nervous temperament, queer in spells, eccentric.
17. Eccentric, begs gloves, handkerchiefs, etc., without need.
18. Nervous temperament.
19. Alcoholic, nervous temperament.
20. Nervous.
21. Eccentric, never associated with anyone, lived year round in outside kitchen.
22. Dementia præcox, paranoid, in State hospital.
23. Nervous temperament, easily excited, easily upset; daughter also nervous and excitable.

CHART III., SHOWING DISSIMILAR HEREDITY



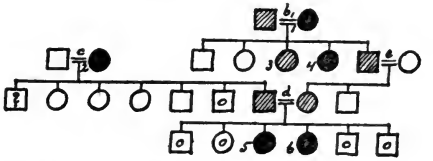
1. Hysterical when a girl; had idea someone was trying to poison her.
2. Epilepsy.
3. Epilepsy.
4. Manic-depressive insanity, in State hospital.
5. Very nervous.

CHART IV., SHOWING DISSIMILAR HEREDITY



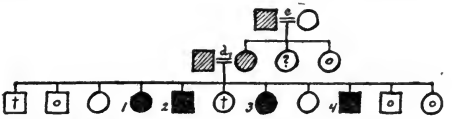
1. Senile deterioration.
2. Crank.
3. Recurrent melancholia with insomnia; five months in sanitarium.
4. Convulsions in childhood.
5. Convulsions in childhood.
6. Easily excited, nervous temperament.
7. Manic-depressive insanity, in State hospital.

CHART V., SHOWING ATAVISTIC HEREDITY



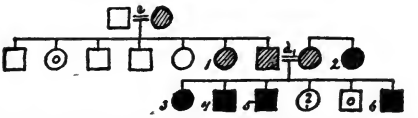
1. Died insane in State hospital.
2. Hysterical spells for about three years.
3. One daughter insane, in State hospital.
4. Insane, in State hospital, recovered, insane again at 76 years.
5. Died in convulsions in childhood.
6. Dementia præcox, catatonic, in State hospital.

CHART VI., SHOWING COLLATERAL HEREDITY



1. Nervous temperament, fidgety, has nervous son.
2. Dementia præcox, paranoid, in State hospital.
3. Convulsions following smallpox at the age of 5 years.
4. Died in convulsions at the age of 1 year.

CHART VII., SHOWING COLLATERAL HEREDITY



1. Daughter was sister of mercy in Australia; is said to have died of homesickness.
2. Feeble-minded, eccentric, laughs without cause, says "I don't know" in reply to simple questions.
3. Died insane at asylum in Cork.
4. Was insane at asylum at Cork; was discharged improved but is still queer.
5. Dementia præcox, at State hospital.
6. Dementia præcox, at State hospital.

known to be transmissible by heredity; but until recently it seemed that the more facts bearing on this subject were observed and recorded the more perplexing the matter became. Consider the fact of dissimilar heredity, that is, where two members of the same family have different forms of mental disease; or the facts of atavistic or collateral heredity, that is, where the parents of an insane person are themselves normal but only ancestors of preceding generations or members of the collateral branches of the family are known to be similarly afflicted; it used to be said in such cases that the insanity was apt to skip a generation, but this was no explanation: it rather emphasized the mystery of the puzzle.

Now, for the first time since men have pondered over this matter, we seem to have some sort of an explanation; and this we owe to the great work of Mendel.

§ 5.—*Eugenics*

The practical value of these facts about heredity in insanity is due to their bearing on mental hygiene. To some the doctrine of heredity is unattractive because they say it is fatalistic. I trust the majority here realize that such an attitude with reference to any scientific matter is untenable; our acceptance or rejection of any doctrine in science must depend not upon our likes and dislikes but upon the demonstration of the truth or falseness of the doctrine, as the case may be.

Furthermore the doctrine of heredity is not so fatalistic as it seems to those who are disinclined to accept it. The doctrine does not by any means imply any denial or even belittling of the part played by environment. On the contrary, by throwing much light on hitherto obscure relations between personality and environment it serves to emphasize how essential in many cases is the influence of the latter; in other words, exact studies in heredity reveal not only *how much* heredity is responsible for but also *how little;* and even where the burden of heredity is great the realization of that fact will serve only to aid in a more in-

telligent adjustment of the environment with a view to the preservation as far as possible of the mental health of the individual in question.

Finally we should consider that as we enter upon a discussion of such a subject as heredity, we are brought in contact with an issue of far greater importance than that of the interest of any individual or group of individuals: we are brought in contact with the issue of the health and improvement of the human race. In the cultivation of plants and in the breeding of animals no one regards the laws of heredity from a pessimistic viewpoint; on the contrary, a clear and thorough comprehension of them is held to be the one source of our power in such work. In the same way a knowledge of these laws in their relation to human faculties affords a hope of a cultivation of a human race not at random but with its weaknesses eliminated and its strength increased. It was when the first glimmerings of this hope were first perceived by Francis Galton that the foundation for the science of eugenics was laid.

Eugenics has a positive side and a negative side. On its positive side it aims at the preservation and cultivation of useful and beautiful human traits. On its negative side it aims at the prevention of the propagation of harmful and repulsive traits. It is the negative side of eugenics that has the more direct bearing on the problem of prevention of insanity and allied conditions.

Many States have already passed laws intended in one way or another to prevent the propagation of abnormal and antisocial mental traits. It may be questioned if the time has come for us to undertake active eugenic measures. The problem is full of innumerable complexities due to the fact that in the case of any individual we are dealing not with a single trait but with a most bewildering combination of traits, good, bad, and indifferent; even frank insanity may coexist with the highest qualities of human genius; of course, we do not wish the insanity to be propagated, yet we surely wish the qualities of genius to be preserved. In any insane hospital one may meet with hopelessly afflicted patients who nevertheless show remarkable industry, a

kindly and forgiving disposition, or other qualities that are but too rare among the best of us and that are well worth preserving. You have no doubt all heard of the cases of born idiots who displayed extraordinary abilities in certain directions: calculating abilities, musical abilities, etc. Finally it must not be forgotten that those of us who are outside of idiot asylums, insane hospitals, and prisons are not pure perfection: there are some among us who bribe legislatures, introduce corruption in public affairs, deal treacherously and dishonestly with our friends; I will not mention other things that are still less complimentary yet unfortunately by no means uncommon in any class of society. The point I wish to make is that the safe progress of eugenics cannot be rapid; Rome was not built in a day, and the human race will not be perfected in a generation. Yet the elevation of human standards with the progress of civilization is evidently resulting without conscious interference on our part in a segregation of desirable and undesirable traits in different elements of the population; this fact accounts in a measure for the apparent increase of insanity: this fact will also simplify the problem of eliminating what is bad and preserving what is good.

ALCOHOL AND INSANITY

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Executive Secretary, Committee on Mental Hygiene,
State Charities Aid Association

With proper apologies to the great poet, I might state the theme of my brief address as a revised version of one of his soliloquies,

> "To drink, or not to drink,—that is the question:—
> Whether 'tis better to endure
> The jeers and jibes of our boon companions,
> Or by drinking to end them?"

I shall limit myself to a discussion of alcohol as the cause of much mental disorder, and mental disorder as the cause of much alcoholism.

At the outset let me say that my personal experience with alcohol is somewhat limited, consequently the facts which I shall give you will be quoted from other authorities. As you have already heard to-night, there are many different types of insanity. I believe that the words "mental diseases" are much more accurate when applied to disordered minds than the legal term "insanity." Some psychiatrists say that there are at least twenty-seven distinct types of mental disease. Three of the twenty-seven, known as delirium tremens, alcoholic epilepsy, and alcoholic dementia are definitely known to be caused by alcohol. In addition to these, two other mental diseases, namely, acute hallucinosis and the polyneuritic psychosis (Korsakoff's disease), are caused by alcohol in an overwhelming majority of cases. These five mental disorders are sometimes grouped under the term of "alcoholic psychoses," and from the last report of the

State Hospital Commission, 10 per cent. of the 5,700 admissions to our State hospitals during the year ending September, 1911, were suffering from alcoholic insanity in one form or another. This means that approximately 600 men and women entered our State hospitals last year having mental disorder brought about by the use of alcohol.

In addition to being the chief cause of the alcoholic insanities, we find alcohol a contributing cause in many mental breakdowns of various types. To quote once more the annual report of the State Hospital Commission—it is there stated that in addition to those suffering from the alcoholic insanities, 6 per cent. of those admitted last year owed their insanity to alcohol as the chief cause, making a total of 16 per cent. of all first admissions whose mental disorder was brought about by the use of alcohol. In addition to those cases where alcohol was the direct cause, 8 per cent. were intemperate in their habits, thus making a total of 24 per cent. of first admissions who owed their insanity directly to alcohol, or who were habitual users of the drug. This 24 per cent. contains three times as many men as women. The importance of these data cannot be overestimated and should receive the careful consideration of all who are tempted to indulge in strong drink. In the little pamphlet entitled "Why Should Anyone Go Insane?" which has been distributed in large quantities throughout the State of New York, and which is indorsed by six of the leading experts in mental diseases in New York City, it is there stated that 30 per cent. of all men entering our State hospitals, and 10 per cent. of the women, are suffering from conditions due directly or indirectly to the use of alcohol.

Another factor enters into the production of the alcoholic insanities which is far too important to be left out of consideration; this factor is heredity. The last report of the State Hospital Commission stated that in 54 per cent. of the cases of alcoholic insanity, there was a family history of insanity, epilepsy, or nervous disease. This bad heredity appearing in such a large percentage of the cases causes us to conclude that the individual who becomes insane from excessive use of alcohol, has, in the

majority of cases, a peculiar nervous makeup. It might be said that his nervous system is of such a nature that the effects of alcohol are much more disastrous to him than upon the more rugged individual. Although it is quite evident that very few cases of alcoholic insanity would have developed without the alcohol, yet it is also quite evident that many cases would have never developed without the bad heredity in addition to the excessive use of the poison.

It is very encouraging to note the changing attitude of society toward its individual members who are transgressing its established laws. It is also very encouraging to note that much greater effort is being made to carefully determine the responsibility in the commission of crime. Experts in mental disorders are being called upon to examine criminals to determine whether or not the individual was responsible for the crime he committed, and therefore entitled to the punishment which the law prescribed. Society is also beginning to regard many of the chronic drinkers of alcohol as the victims of weak constitutions. We note the important part played by heredity in alcoholic insanity, and that many unfortunate individuals are helpless victims of their inherited tendencies and weak powers of resistance. Just so long as society places the poison in front of such helpless individuals, just so long will society be bound to take care of that individual when he has so destroyed his whole constitution that he is unable to care for himself. The City of New York has learned the futility of trying to reform the drunkard by arresting him and sending him to the workhouse. It has recently adopted a more modern and humane system of treating the alcoholic by establishing a hospital and industrial farm colony near Warrick, Orange County. This hospital will be managed by a medical superintendent. Its lands include 800 acres of the most productive soil in a productive county. Here the beginner and here the chronic alcoholic will be treated for his disease as well as his crime, and after being discharged from the institution will be assisted in re-establishing himself in normal habits of life.

The effects of alcohol upon mental efficiency are far too

important to be omitted, although they may not bear directly upon the production of insanity. A very careful and extensive series of experiments was performed recently by the leading alienist in the world, Professor Kraepelin, of Germany. The experiments were performed upon different groups of men, such as day laborers, artisans, typesetters, and those whose work required the voluntary association of ideas. Some of the men were accustomed to the influence of alcohol and others were not. These experiments have been corroborated by experiments made in other localities. The conclusions which Professor Kraepelin made were as follows:

"First, alcohol impairs every human faculty.

"Secondly, the higher and more complex the human faculty, the more pronounced is the effect of alcohol upon it.

"Finally, the effects of alcohol are cumulative; that is, its continuous use, even in comparatively moderate quantities, impairs the faculties at a rapidly increasing rate."

The significance of these results is too apparent to need further comment.

What can be done by way of prevention? Of course the prevention of alcoholic insanities means the prevention of the habitual use of alcohol. We should strenuously continue the educational work which has been going on for the past thirty years in acquainting the young people with the pernicious effects of alcohol. The medical profession is more pronounced than ever in its statement regarding the part played by alcohol in the production of various diseases, both mental and physical. The results of alcohol in lowering one's mental and muscular efficiency should be widely published. The public should pause and consider the significance of the statement made by the Kansas authorities, that the 10 per cent. reduction of insanity in that State is largely due to the more rigid enforcement of their prohibitory liquor law during the past few years. The demonstration in a State as large as Kansas is very conclusive and will be still more complete as soon as pending federal legislation

is enacted prohibiting transportation companies from shipping liquor into a no-license State.

We need further scientific study of the exact part played by alcohol in the causation of mental disorders, the hereditary effects of alcohol and the alcoholism resulting from bad heredity. The interest now shown in the subject and the facts which have thus far been produced indicate that much more can and will soon be done along these lines. We must spread abroad the truth that he who wishes to attain his highest possible mental efficiency cannot afford to subject his mental machinery to the disastrous effects of alcohol. We should furnish opportunities for social enjoyment and inexpensive recreation to take the place of amusement halls often established by the brewer and always supported by the profits of the liquor trade. It is humane and wise to care for drunkards in farm colonies with the possibility of effecting a cure, but it is far more humane and much wiser to give our young men such knowledge of the subject that they will be disposed to forego the temporary enjoyment of indulgence. We must train and assist the young in the development of sufficient character and powers of resistance to enable them to lead temperate lives in all things.

THE RESPONSIBILITIES OF THE UNIVERSITIES IN PROMOTING MENTAL HYGIENE

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Mental disorders are among the most obscure diseases to which man is liable, and many problems as to their cause and nature still await solution. An important fact to realize, however, is that we have at present a great deal more knowledge about these disorders than is actually being utilized; a great deal can be done for the general hygiene of the community by merely making efficient the knowledge which we actually possess.

Some of this knowledge is very definite and simple and furnishes very positive directions as to conduct. The knowledge that a fatal and very prevalent form of brain-disease (paresis) is due to syphilis should be disseminated as widely as the knowledge of the causation of typhoid by contaminated water.

The physician who has to deal with cases of mental disorder frequently finds that the symptoms are not due to any form of poisoning or to any visible damage to the structure of the brain, but that they can only be understood as a poor and unhealthy attempt of the individual to adjust himself to the actual difficulties in his life.

The problems in face of which the patient has broken down may seem somewhat commonplace and insufficient to account for the failure of adjustment, but the latter becomes intelligible when we analyze the inner life of the individual and study those forces in the patient's nature which are most potent with regard to the determination of conduct. This study reveals to the physician how much the conduct of each individual is determined

by factors of which the latter has very little inkling, accustomed as he is to look upon his life as wholly composed of conscious, purposeful activity, determined by clear, logical thought. Beneath this level of purposeful activity and clear thought, factors of the greatest dynamic importance are at work, factors which are largely responsible for the symptoms of mental disorder.

Frequently the thorough study of the patient's sickness shows that the balance of forces, which results in the mental disorder, has been largely determined by the whole development of the patient, by the experiences and habits of childhood, by the degree of assimilation of the developing instincts at puberty, by the general methods which the individual has adopted to get satisfaction out of life in the face of actual, external circumstances and his own inner difficulties. In the adult many of these difficulties of the child and adolescent still remain undigested, they appear to be forgotten because they are barred from the clear consciousness of the individual.

In the large group of cases to which the above principles apply the physician may not have learned to modify the symptoms of the developed disorder to any appreciable extent, perhaps this may not be possible at a certain stage; but in tracing the steps in the development of unhealthy habits of thought and activity he may see how, at an early period, the possibility of modification was still open. The physician, as he looks over the history of the patient, is struck by the fact that during the developing period when help might have been given no person seemed responsible for giving this help. It seemed to be the function neither of the parent nor the teacher, the family physician nor the religious adviser to direct or correct important tendencies in the adjustment of the individual to vital demands of his life. Even when danger signals appeared in the shape of moods, wayward reactions, day-dreaming, odd attachments, unwise enthusiasms, seclusiveness, unusual interest in religion or abstract questions, no serious attempt was made by any one to know what factors beneath the surface led to the observed peculiarity.

It is obvious that an accurate knowledge of the above facts

cannot be directly disseminated in the same way as facts relating to syphilis, alcoholism, tuberculosis. This knowledge should, however, be at the disposal of all who are responsible for directing the lines of social and educational progress. It should be part of the equipment of those who have most to do with moulding the development of the rising generation. The detailed knowledge of the forces which actually are at the root of human conduct must filter down into the community from the centers which inspire alike the teacher and physician, the religious instructor and those who mould public opinion through the press; these centers are, of course, the universities.

How far do the universities fulfil their responsibilities with regard to the mental hygiene of the community? It is doubtful whether they have attained a clear recognition of the fact that a man's mind may be richly supplied with a great variety of special information, that he may have attained a high intellectual level, and yet the man's life may be rendered inefficient because it rests upon insecure foundations. An education may enable a man to solve abstruse intellectual problems, and yet leave him so hopelessly unable to cope with a bereavement, an unsuccessful love affair, difficult marriage relations, or even simple instinctive impulses that he may lose control of the direction of his life and for a period be dominated by factors which have been almost entirely repressed in his conscious life; the disorder may be so marked as to be included under the wide term "insanity."

To rear a superb intellectual structure on such a foundation is surely not an ideal education; it is like building a house on the sand, or, to speak more hygienically, it is like building a superb mansion without paying any attention to the plumbing.

It is striking to see a man of brilliant intellect, who discusses fearlessly the riddle of the universe, unable to face the fact that in his own human nature elements are still active that are derived from the brute, the savage, and the child; even the humility of the theologian may not enable him to see himself in his actual biological composition.

If the university allows the student to face the problems of

his life after an education which gives him no thorough insight into his own nature and its fundamental difficulties, does it at least give the teachers sufficient insight into the subtle structure of the child's mind to enable them to realize the importance of their problems?

It is important that the teacher should free himself from the myth of the golden age of childhood and should realize what the boy thinks and feels, what he longs for, how his day-dreams go, what his curiosity is about, what vague feelings and actions are prompted by the first germs of the developing sexual life, what are the conflicts in the mind of the boy, and how he faces them or avoids them.

The teacher should have at his disposal the facts relating to the emotional life of the child. He should learn that the diffuse groping of the infant and child for organic satisfaction is pregnant with forces which are going to make or mar the life of the individual, and give him his individual stamp and determine his social efficiency. In this groping for satisfaction we can trace the origin not only of the instinctive life of the individual with its nutritive and reproductive elements, but also the roots of those higher activities which give human life its special value. In tracing these higher functions to their roots we do not cease to appreciate the beauty of the flower; we are willing, however, to be practical gardeners. We wish to care for the roots, not because grubbing in the soil has any particular charm, but in order that the plant may grow up hardy and beautiful. When we study the child we see how the groping for organic satisfaction inherent in all living matter brings the child into closest contact with the mother. As the child develops, this attachment to the mother may express itself indirectly in a certain moodiness or even direct antagonism to the father. The affection toward the boy's mother is only one element in the boy's nature but it is strong enough to assert itself in numerous obscure ways, and in the adult man it still exercises its influence and modifies the sexual life at a deep level in ways which escape his own notice. One may simply refer to the well-known fact that one man may remain single

through devotion to his mother, while another man may marry a woman who reminds him of his mother. In the tragedy of Sophocles, in which Œdipus marries his mother Jocaste, the tremendous conflict between the childhood attachment and the adult repression furnishes the universal human motive of the play. It must not be thought that these remarks apply only to special or somewhat perverted individuals; the same elements, in various degrees, are present in the life of every one of us and manifest themselves in dreams, in casual reactions, in likes and dislikes, and in purposeful decisions, the meaning of which sometimes escapes us. The knowledge of these facts is of the greatest use in allowing us to understand the peculiar moods of the child, the occurrence of unexplained jealousies and antagonisms and wayward reactions.

Out of the vague groping for organic satisfaction of the infant there develops at an early age the first indications of what is later to be the sexual instinct; during the early period of development the sexual is as yet somewhat diffuse and poorly localized and there is a tendency of the child to find satisfaction in many directions which, if persisted in, would mean the development of a definite perversion. In every one probably, as William James remarks in his Textbook of Psychology, there are the germs of such possibilities. The growing individual is like a plant with numerous shoots, each one of which might become the main stem. A healthy withdrawal of energy from the side shoots strengthens the growth of the main stem and in that direction normal development lies. The teacher should not ignore that these side shoots have been present and that, although they may not be distinctly recognized by the growing individual, they may still have latent life and express themselves in a direct or indirect way. Over-enthusiastic attachment to a comrade or to a teacher may derive its strength from childhood tendencies which in less fortunate individuals actually develop into adult perversions.

As the boy develops, the groping for somatic satisfaction becomes more clearly specialized, the range of his interests becomes wider and the thirst for knowledge leads to eager questioning.

The universality of the interest of the child in questions like childbirth shows its great importance to the child. In this curiosity we see how the desire for knowledge, which we are accustomed to look upon as a somewhat abstract intellectual tendency, has its roots deep down where the roots of the sex instinct also lie.

It is wise for the teacher to study this problem of the curiosity of the child, to convince himself that it does exist, and come to some conclusion as to what is to be done with it. The teacher can hardly be satisfied with the conventional method of telling the child a silly lie, which seldom deceives the child. The teacher can hardly approve of casting an air of mystery over anything which is sufficiently important to have caused a question in the child's mind. If we must not lie and if we should not be mysterious, the teacher has to consider how he can answer the questions of the child in a way which will help the child's development. All knowledge is gained by enlarging the sphere of existing associations; the teacher may well consider what associations the child has to which an honest answer to his question may be added. The teacher may recognize that without the knowledge of a few simple, biological facts it will be difficult to give the child any useful information and it may well be a point for discussion how far a simple knowledge of biology should form an essential part of the instruction of every child. This may be a great benefit to the adolescent when personal difficulties are apt to become intense, for then the information which the young man requires will merely mean the further development of what he already has, and will not consist in a series of propositions which he finds impossible to bring into any coherent relation to the store of Latin, Greek history, English roots, or conic sections, which have represented to him the products of education. In laying due weight on biology the teacher is preparing the boy to understand in its complete setting those higher biological adjustments which are the special province of psychology.

As the boy becomes older, out of the vague groping for somatic satisfaction there develops the haunting solicitation of sexual

desire. The influence of cultural environment has already impressed the boy so that these personal difficulties cannot be frankly discussed and digested. Innocent questions and general curiosity as to childbirth and sexual matters in general have elicited either a lie or surprised horror, and the boy has learned that, for some reason or other, the subject is taboo. The conflict between the various forces is necessarily severe and in the individual case is sometimes disastrous. What does most harm to the individual is not the occasional self-abuse during the developing period, but the fact that the habit should not be clearly understood and the fact that the boy endeavors in an evasive and dishonest way to eliminate its painful memory instead of understanding the factors which led to it and dealing with the difficulty in an honest, healthy way. As it causes the boy distress and a feeling of conflict he atones for it in other ways, and sometimes we see a precocious interest in religion which has no more sound basis than the fear of being honest with himself.

This becomes still more marked in cases of mental disorder, as was the case of a patient addicted to self-abuse who referred to the toilet as the "sanctuary."

Sometimes efforts are made to be frank with boys, but unfortunate methods are adopted; it seems very unwise to try to help a boy in this direction by telling him that self-abuse leads to insanity, or use similar threats. It would be better, surely, to let the boy know that the special instinct associated with special organs is going to be one of the most important elements in his life, and is one of his highest responsibilities. He should be told that to use his organs merely for a transitory pleasure is to use them for a wrong purpose, and that it will make it probably more difficult for him to live up to his fuller responsibilities when the time comes. He should be encouraged to be careful of himself in order that, when circumstances entitle him to enter into the reproductive life, he shall do so keenly conscious of what such relations mean.

The various minor disorders which crop out when the boy is having difficulty with the sexual instinct are well worth the atten-

tion of the teacher. Parents probably have not received the necessary training with regard to this matter. The family physician probably does not have the boy under observation. The teacher has the boy under comparatively long periods of observation and should be taught to recognize the various indications that the boy is having difficulty with his life.

The teacher may perhaps be delighted with the intense application to study shown by a pupil who is by this very method endeavoring to make up for what he feels are shortcomings in a field which he dare not mention.

Quite apart, however, from the occurrence of any special disorder at this period, the mere habit of repressing difficulties without understanding them is a bad preparation for the tasks of the adult life, where the individual may have to meet more serious difficulties. The habit of repression which may lead to disaster at 30 or 40 or 50 is largely due to the education before the age of puberty.

When a young man passes into university life, is the atmosphere of the university sufficiently tonic? Does the university keep sufficiently in mind the necessity of seeing that the foundations on which the intellectual superstructure is built are solidly constructed? The universities not only have the responsibility for giving those within their walls an opportunity of organizing their life in a hygienic way, they have a glorious opportunity presented to them: the undergraduate is at an age when ferments are working in his system, when the character is still plastic, when the repressing forces of the modern cultural environment have not yet become too despotic. He has the desire and also the courage to know and in his youthful enthusiasm to achieve great things he can be persuaded to take difficult steps in the direction of self-knowledge. To a certain extent the undergraduate makes progress in this direction by means of frank social intercourse with his fellows, which is undoubtedly one of the soundest educational forces of the university. He, however, receives this in a form which is much too casual, and the benefit from the smoking-room may be made much more sys-

tematic and thorough-going in the clearer atmosphere of the lecture-room, the laboratory, and the lecturer's consulting-room. On the department of psychology would fall the primary responsibility for this branch of education of the undergraduate, and the psychology would need to deal with the higher types of human adjustment (feeling, will, thought, conduct) in the full light of our knowledge of the biological roots of these activities.

The problems and methods of the psychologist might have to be enlarged and the experiments of the psychological laboratory would have to be supplemented by the study of other fundamental experiments, which are seen in the home and the hospital.

The city is a great experimental laboratory and the subjects of experiment are not merely logical, purposeful men who work and become fatigued; they are actual living, illogical, lustful men who are striving to adjust themselves to their environment in such a manner that life brings them satisfaction. From the study of the results of these experiments—in other words, from the study of his patients—the physician gains a deeper insight into the structure of the adult and the relation of adult conduct to early development than can be gained in any other way.

The department of psychology, therefore, must include the study of psychopathology, and of a psychopathology which takes into consideration the most vital factors in human life. In such a department the students would have not only an opportunity of receiving systematic instruction, they would be able to work at the problems of their own individual lives and to receive useful advice from those in charge of the department. This advice might be of the greatest use with regard to the co-ordination of their various studies while at the university, and might guide them in the choice of a curriculum really suited to their needs and aptitudes. The work done by students in this department might be of far-reaching importance; the systematic analysis of their own difficulties and adjustments and of the development of the same by a group of students would be a contribution to psychology of a most valuable nature.

Teachers who had honestly taken advantage of such a course of study would be much better prepared to discuss seriously the important problems of general education. Having come to an honest understanding of themselves, they would be able to do much toward creating a healthy atmosphere for the discussion of various topics of fundamental importance, which at present are too frequently ignored.

If a great responsibility rests on the university for the satisfactory equipment of teachers, an equally clear responsibility exists with regard to the adequate training of physicians. The teacher cannot be expected to have the same detailed knowledge of unhealthy reactions possessed by the physician nor is he especially trained to deal with the same. The most that the teacher can frequently do is to call the attention of the parents to certain danger signals and to recommend that a medical opinion be sought.

In many cases of mental disorder, both in the young and adult, the family physician has had the opportunity of seeing the symptoms at the very earliest stage. The physician as a rule has had the education of his fellows. He has seldom received any special training in psychology, his training in the study of mental disorders has, as a rule, been of the most superficial description and has frequently been confined to a few systematic lectures on certain kinds of disorder which he is expected to name and recognize, and to a few demonstrations of patients who have possibly interested him as a medical student more from a dramatic than a medical point of view.

It is no wonder that the family physician with this equipment, with no special insight into these fundamental difficulties of adjustment to life which express themselves in odd manifestations, should be quite at a loss when confronted with rather vague and evasive symptoms, which are frequently the precursors of more serious trouble. The individual may have peculiar headaches or a change of mood or may feel suspicious or unusually irritable or may have unexplainable physical symptoms or feelings of anxiety or fear. He may have an obsession to do things an

unreasonable number of times, or there may be a sudden lack of interest in life or an ungrounded jealousy. The possibility of helping the patient is very much greater if the patient is seen at an early stage of the disorder and if, at this early stage, the whole situation is thoroughly gone into. It does not do to meet very definite symptoms like the above with general prescriptions. A course of tonic medicine or a sea voyage will not charm away the disorder which is due to certain difficulties, which the patient takes with him on his sea voyage, and which cannot be reached by any drug poured into his stomach.

It is obvious that the university must make provision in its medical course for adequate teaching of the whole subject of mental disorders. It should be compulsory for each medical student to have a separate course in the department of psychology. He should have an opportunity before he leaves the medical college to personally examine and study actual cases of mental disorder. In order that such opportunities may be available, wards for patients with mental disorders should be at the disposal of the teaching staff of the university. The medical college should have either a psychopathic clinic at its disposal or psychopathic wards in the general hospital where its teaching is done. A medical man with a satisfactory grasp of the principles of psychopathology would be in a position to contribute a great deal to the mental hygiene of the community in which he lives.

It does not seem necessary to take up in detail the rôle played by the religious adviser, and by those who help to mould public opinion through the newspaper and the periodical press; they, too, may be considered as belonging to the teaching class and those of them who should have passed through a university, which fulfilled its responsibilities toward the mental hygiene of the community, would leave it with a self-knowledge which would make them very potent agents for good in creating a healthy social atmosphere.

To state briefly the points which this paper aims at emphasizing:

(1) The lack of guidance in childhood, adolescence, and early

adult life is one of the causes of the development in the adult of a great variety of nervous and mental disorders, varying from frequent headaches, peculiar mannerisms, anomalies of mood, odd interests and enthusiasms, to disorders of conduct sufficiently pronounced to be called insanity.

(2) Those primarily responsible for giving the necessary guidance are the parents and teachers, the family physician and the religious adviser.

(3) The parents cannot easily be reached directly.

(4) The teachers can only take up the problem efficiently when their own education deals frankly with many problems of life which are too frequently ignored although they are of fundamental importance.

A course of psychology for teachers is quite inadequate unless it deals thoroughly with the basal forces of human nature, with the instinctive roots of conduct, and with the various surface phenomena which crop out above the surface when the instinctive life of the individual is being badly managed.

(5) The student at the university should not only have the opportunity of developing his intellectual efficiency and of casually deriving personal benefit from frank intercourse with his fellows; he should in every case have a course of instruction dealing with the fundamental problems of human life, and in this department should find a suitable opportunity for facing his own personal needs and difficulties, and placing his intellectual development on the sound basis of a healthy and clearly understood instinctive life.

(6) No medical college is fulfilling its responsibility toward the community unless it provides its students with a satisfactory opportunity of studying mental disorders in their earliest phases, and trains physicians to recognize early and to regard seriously the symptoms of disordered balance in the child and in the adult.

Brevity is the soul of wit, but also the source of misunderstanding; this brief paper may bring little conviction and cause some offense. My plea has been that the universities should aim at making men wiser, and to indicate the spirit of this plea let

me quote the following passage from an author of marvelous intuition, a master of simple and accurate expression.

"As we become wiser we escape some of our instinctive destinies. There is in us all sufficient desire for wisdom to transform into consciousness most of the hazards of life. And all that has thus been transformed can belong no more to the hostile powers. A sorrow your soul has changed into sweetness, to indulgence, or patient smiles, is a sorrow that shall never return without spiritual ornament; and a fault or defect you have looked in the face can, harm you no more, or even be harmful to others . . . whoever is able to curb the blind force of instinct within him, is able to curb the force of external destiny also. He seems to create some kind of sanctuary, whose inviolability will be in the degree of his wisdom; and the consciousness he has acquired becomes the center of a circle of light, within which the passer-by is secure from the caprice of fate. Had Jesus Christ or Socrates dwelt in Agamemnon's palace among the Atrides, then had there been no Oresteia; nor would Œdipus ever have dreamed of destroying his sight if they had been tranquilly seated on the threshold of Jocaste's abode."

OPENING ADDRESS

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My remarks must be introductory only to the papers to which we shall listen to-night. Indeed, I took it for granted that I was called upon to occupy this chair as a privilege and not for services that I might render. Still, the subjects of to-night's discussion are almost inexhaustible; even statistical statements, which are expected to be necessarily correct because numerical, only will permit of correction or explanation. Thus we are told of the presence of two hundred thousand or more insane persons in the United States. They have been counted or accurately estimated. But they are almost all adults, either in hospitals or asylums, or well known and enumerated in their families and communities. Of many even their histories may be or are known since infancy and childhood,—indeed many cases date from early age. Still the insane or feeble-minded or demented while infants or children are *not* counted. They are controllable physically, and although very sick may be and are kept at home, and are rarely sent to asylums. It is only the hopeless idiot that after years of hesitation and such patience as only a mother is capable of, is reluctantly transferred to a public institution. Many forms of mental aberration are kept at home. Unexplained changes of character in a child, and incorrigible conduct are frequently either symptoms or forerunners of mental disease. Dementia and mania are by no means rare amongst children; melancholia,—often without delusions and with suicidal tendency,—and similar conditions of depression, are not quite so frequent; *their* occurrence takes place nearer puberty. Still, suicides in children have become more and more numerous. Within a decade before 1900,

Eulenberg counted in Germany 1,152 cases. Moral insanity is not infrequent, for motor and psychical restlessness, and excesses of imagination, credulity, and impulsiveness mean nothing else. Monomania, epileptic and circular dementia, delirium tremens, and paresis are met with. Within a few weeks past, I have been obliged to transfer a boy of eighteen years to a neurological institute on account of paresis, the symptoms of which might have been discovered years ago. Idiocy and cretinism are quite frequent. We need not even include the amaurotic family idiocy described by Tay and Sachs. Cretinism has some well-understood anatomical peculiarities or causes; prominent amongst them are the shortening of the cranial base occasioned by the premature ossification of the occipital-sphenoid synchondrosis and the absence or the degeneration of the thyroid gland. Thus the cretinism of the fetus and child, and the myxedema of the adult are amongst the results of the same anomaly. Fifty-five years ago I referred occasional cases of idiocy, also of epilepsy, to the premature ossification of the cranial sutures and fontanelles, with early dentition,—the first teeth protruding in the upper jaw,—and compression of the originally normal brain. Many times have I combated the tendency to operate on such cases. In my Congress address of 1894, I again proved the harmfulness of this operative rashness. It takes all the imaginativeness of a ruthless newspaper reporter of twenty years of age, to restore the idiot's mind to instantaneous brightness by an operation. He does not know, however, that it takes more to create mind.

Among the causes of mental disturbance, heredity plays an important part; so do inebriety and all other forms of psychical aberrations or serious nervous disorders of parents,—for instance, epilepsy and diabetes. Common drunkenness, though it appear a thousand times on the comic-serious platform of the prohibitionist party and though it be ugly and gruesome enough, has been accused too often. Accusing is not proving. Even bright minds wish to prove too much. There is Bunge, our famous physiological chemist in a Swiss university, who proves to his satisfaction that the healthy daughter of a drinking

mother has no milk in her breast for her own baby. We meet too many difficulties and errors to wish to add to them.

Consanguinity, as such, creates no mental aberration in the offspring. Healthy cousins will not cause degeneration of their offspring. I have seen many babies of all ages and descriptions these sixty years. A healthy man and a healthy girl when kin will transmit their healthiness to their infant. Deaf-mutism is not the result of consanguinity. Its causes are too numerous to be explained by one anatomical defect only. On the contrary, I have a number of instances in which a healthy man with a deaf woman, or a deaf man with a healthy woman (the first is more frequent) had healthy children. But to what extent the state of the future will, or of the present should, interfere with or forbid marriage of insane, epileptics,—also tuberculous or carcinomatous people,—is a different question. Unless our preventive or therapeutical measures become more efficient than they are at the present, the production of unsatisfactory progeny seems unpardonable. Mankind acts insanely by permitting the multiplication of physical or mental inferiorities. By so doing, we stand in our own light. That is why from a mere hygienic and biologic point of view, wars are absurdities. See the present craziness of Europe, in imitation of our own ways a decade ago. The hundreds of thousands,—perhaps within another year, millions,—of men who are killed or crippled, have belonged to the healthy and vigorous classes. After their extermination, the increase of the race is left to those who were not even physically strong enough to be trusted with the killing of the rest. They are expected to propagate the race. Woe to the race!

Diseases of the fetus, mostly of inflammatory character,—many of them toxic, such as meningitis, encephalitis, chronic hydrocephalus, eclampsia,—predispose to mental disorders. So does syphilis of the brain. During birth, prolonged labor or undue pressure by the pelvis or the forceps invites hemorrhage with its results. Spontaneous hemorrhages are the more common and the more dangerous, the younger the infant. The structure of the newly-born blood-vessels is still insufficient, and

the impressions digital of the skull are superficial. That is why the veins burst under slight pressure. Many of the many deaths of the newborn which take place within the first week, occur from that cause. Excessively tedious labor with great suffering on the part of the mother is therefore not always a mere temporary or innocuous affair. It is sad to contemplate the fact that there is pain at the very beginning, and in so many instances pain again at the end of our career; at the beginning, pain of some one else, the mother; at the end, frequently our own. During the advancement of months and years the meninges and the brain may suffer much. Cases of brain disease may be craniotabes, which was almost unknown in America thirty years ago when immigration was less, poverty rarer, and sunlight not so scarce; all of these causes of rickets have increased hugely; rooms without windows, insolation and heat stroke, hot stoves and feather pillows, tumors, stimulants, traumata, diseases of the heart,—less the congenital which soon kill, than the acquired forms which are frequent,—and infections, such as influenza, typhoid, pneumonia,—also erysipelas and rheumatism, diseases of the throat and ears resulting in affections of the base of the cranium or of the mastoid and sinuses, are frequent causes of brain and mental disease. Now and then a peripheric case will lead to them; occasionally even the different forms of internal disorders, such as the presence of intestinal worms in the young or old, have caused mental disorders. The predisposed, the anxious, the neurotic, the migraine patients will suffer from mental over-exertion and disease, mostly terminating in complete or incomplete recovery, rarely in death. School teachers should learn that; school doctors should teach that. Masturbation in the adolescent, when of the usual, almost common kind, is rarely destructive; when excessive, it may cause epilepsy and mental aberration. The period of puberty is dangerous anyhow on account of normal changes in the organism. Masturbation, however, in the infant and child, which is quite frequent, is rarely followed by permanent injury.

These cursory remarks must not be continued. I merely

wished to open the door and leave it ajar to your own reminiscences and knowledge. A great deal can be done in the way of prevention by the obstetrician or midwife. Please remember that fifty per cent. of the women of the United States have no trained attendance in their labor. Europe, England included, has trained midwives; England, one year ago, had 108 midwifery schools and was arranging for more. In this way, it was preparing to protect its newly-born against asphyxia, meningeal hemorrhages, and other dangers tending to physical and mental disease.

Dr. Brannan has just founded a small midwifery school in Baltimore; some doctors are just opening one in Newark; there is one in St. Louis; very few besides in our country. In Boston, they say midwives must be eliminated, not educated,—trying to forget that, indeed, we have none as yet to speak of.

I shall now close these fragmentary remarks, but add one. Not only do they try to eliminate the midwife from the helpful assistance of what silly people call the lower classes, but circumstances have eliminated already the superior and most useful part of the medical profession,—the general practitioner. He knows the woman and her fetus, the man probably before he married, the baby when being born and after birth, the infant diseases, their surroundings and influences, the first symptoms of masturbation, of physical or mental disorders of adolescence, even the first love affairs. The general practitioner, now almost extinct in the large cities, will come to his own again and the families will come to their own doctor again, just as he was and much more,—(for the teachings of the laboratories and the specialist have improved his knowledge and his practical usefulness). In him they will have again their best protector for limbs and life, for muscle and brain, their friend and adviser. And in many an individual case of mental debility or disease the psychiatrist will never be quite safe until he meets again his helpful mate, his observing and warm-hearted and knowing adjunct, the family doctor.

MODERN TREATMENT OF ALCOHOLISM

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In the light of present-day evidence we must admit the necessity of some method of care and treatment which, when applied, will satisfactorily care for the different grades of alcoholism. Any plan put into operation must be sufficiently elastic to permit of its general adoption, lending itself readily to local requirements and conditions. Assuming that a proposed scheme is feasible and adaptable to the varying conditions which must necessarily exist in different localities, we must be certain that the plan is intrinsically correct; in other words, that it will successfully carry out the purpose for which it is intended. Preliminary to a consideration of the plan which I wish to advance, and in order that we shall be better able to determine how readily the different types lend themselves to medical treatment, I think it advisable to give a medical and workable definition of chronic alcoholism. As physicians we must admit the existence of a mental and physical syndrome which we call acute alcoholic intoxication; furthermore we must acknowledge the presence of physical ailments and characteristic mental symptoms due to the poisonous effects of alcohol. However, our ideas of chronic alcoholism are rather vague and oftentimes misleading to the public. It is true that there are text-book descriptions of chronic alcoholism, but it has always seemed to me that while in these descriptions the physical side of chronic alcoholism was graphically shown, the mental aspects were either exaggerated or undeveloped. If I were asked for a definition of an inebriate I would unhesitatingly say that he is an individual who drinks to excess to the detriment of his health, business, and social advan-

tages, but how many of us are there who appreciate the nature of the weakness underlying the habit of drunkenness; likewise, how many of us are sufficiently versed in alcoholism to admit any degree of irresponsibility in such cases? As individuals we are prone to emphasize the influence of the habit and to give credit to the dictum that the correction of the habit, whether correctional measures be voluntary or enforced, is the only appropriate remedy for the amelioration of the condition.

There are two widely different opinions of drunkenness. The more modern conception of the condition, denoting it a disease, has too often been accepted without proper qualifications. Opposed to this opinion there are those who declare that drunkenness is a habit and that the drunkard purposely invites drunkenness, a condition which he could prevent if he so desired. The believers in the opinion that drunkenness is a disease declare the alcoholic irresponsible and demand that he be segregated and be compelled to submit to enforced detention and compulsory abstinence. The adherents to what I may call the " habit theory," who believe the victim of drunkenness to be a slave to his habit, suggest punishment in some form for the offender against society. The acceptance of either one of these theories of drunkenness implies one remedy, coercion—in other words, the enforcement of punitive measures. Often the methods of punishment meted out to these individuals show considerable originality and a noticeable lack of uniformity. It is not denied that in some cases such a method has been efficacious, but I question whether a true case of inebriety has ever been materially or permanently helped by such a practice. The futility of such methods has, of course, been recognized, but as no satisfactory substitute has been offered this time-honored custom has prevailed. It is only within the past decade that the physician has recognized that the study of drunkenness is a medical-social study, which has heretofore received insufficient attention. The problem of inaugurating a practical plan for the prevention and cure of inebriety rightly belongs to medicine, as its correct solution is first of all a remedial

measure, and secondly educational, and along the lines of preventive medicine.

R. W. Branthwaite rightly describes the inebriate in his description, which is as follows: The distinctive characteristic of the man who is an inebriate is his inability to take alcohol in moderation despite the most strenuous effort of which he is capable. It is a psychoneurotic fault that implies defective resisting power to the action of alcohol or drugs. It is possible that inebriety may be acquired by long continued indulgence, but it is more properly inherited as a diathesis in most cases, remaining latent or becoming evident according to the personal habits and environment of the individual.

The theories which have made our working capital at the Massachusetts hospital during the past five years, can be expressed as follows:

(1) Inebriety is an expression of nervous weakness or instability. The antecedent weakness is either acquired or in the nature of an inborn defect.

(2) The characteristics of this nervous weakness have not as yet been accurately defined; it appears to be closely allied to degeneracy and related to the minor functional nervous ailments.

(3) The exciting causes of inebriety are of a physical or psychical origin. Given a neurotic subject, crises may be precipitated by any marked departure from ordinary routine (psychical), or by any disturbance of organic nature (physical). Inebriety is likely to develop as a frank case at the critical epochs of life, during pubescence, adolescence, or involution; developing during involution it is generally the effort of an individual to maintain his waning powers by recourse to artificial stimulation.

(4) Inebriety being an expression of neuropathy, may be preceded by or accompanied with a multiform nervous syndrome. Thus each case is essentially different. The inebriate is, as it were, a sum total of his personality and the symptoms attributable to alcoholism.

Inebriety may be considered as a disease in the sense above described. The acceptance of this theory implies responsibility on

the part of the inebriate, although it admits of extenuating circumstances and exceptions in individual cases. The modern treatment of alcoholism presupposes that the inebriate is considered a personal equation, each case representing an individual problem requiring for its correct solution individual consideration and treatment.

The pathognomonic symptom of inebriety is drunkenness, which is shown in various degrees according to the susceptibility of the victim. It must be remembered, however, that the social drinker may unwittingly become intoxicated, a condition which he may exhibit infrequently. The percentage of alcohol users in this country who are pathologic inebriates can be conservatively placed at a figure of 15 per cent. This is a much larger percentage than is given by English collaborators, who estimate that the true pathologic inebriate is found in approximately 4 per cent. of all users of alcohol. When I speak of the treatment or control of drunkenness I refer to the pathologic class of inebriates and disregard the social drinker or the accidental drunkard, who can remain sober if he will, who voluntarily uses a drug which may eventually prove a detriment to his health and prospects.

What shall we do with the confirmed drunkard? The utter hopelessness of any success from prison sentence has been repeatedly proven. The necessity of personal treatment is universally understood, and the conviction has only too slowly been forced upon us that the pathologic drunkard has not been treated fairly, nor has he been treated consistently with our modern conception of his condition. There can be but one answer to this question, an answer which recognizes not only what our personal attitude should be toward these individuals, but which is clearly of economic significance to the state or municipality, which has had the burden of taking care of such cases. The answer is segregation and individualization. If I were asked to express in three words my treatment of inebriety, I should emphasize in the order mentioned, differentiation, segregation, and individualization. Segregation is not isolation. It is true that segregation implies institutional treatment; such an institution,

however, should be conducted for the care and treatment of inebriates with an environment conforming to the type it proposes to care for. Believing as I do that all inebriates should be removed at least temporarily from their customary environment I have purposely omitted all reference to non-institutional treatment, treatment which I believe should supplement institutional care, and should be considered as a part of the out-patient medical service of an institution designed for the care of inebriates.

For reasons which I think are obvious to all of you I believe that State care is to be preferred in carrying out any comprehensive scheme for the care and treatment of the alcoholic. To the uninitiated it might appear that any proposed plan which would successfully differentiate, segregate, and individualize the many cases of drunkenness constantly coming under our observation, would not only be impracticable but would entail enormous expenditure, an expense that would not be justifiable or insure an improvement over the present method of handling these cases. These arguments can be successfully met and an assurance can be given that any plan would be an improvement over the existing methods, which are unfair to the drunkard and an increasing expense to the tax-payer.

Although it is possible to define certain types of inebriety, it is unwise from a medical point of view to adhere strictly to any classification. The indiscriminate and careless use of such a grouping is likely to make one lose sight of the personal problem, and thus fail to realize the importance of individualization in the treatment of these patients. Broadly speaking, for the purposes of a rough differentiation, we can recognize two classes of inebriates:

(1) Individuals who are not physically ill who seek admission to an institution for treatment for their insobriety.

(2) Individuals who by reason of their habit of intoxication have developed a physical or mental condition making hospital treatment imperative.

The cases included in the first class form the greater percent-

age of cases which are likely to be permanently benefited by hospital treatment. As a rule those belonging more specifically in the second class give a more confirmed history of inebriety. A considerable number of these men are advanced cases of chronic alcoholism which demand custodial care. Contrary to the general opinion regarding drunkenness I would like to impress upon you the fact that many of those who are treated at a hospital for inebriety are, apart from their habit of alcoholism, of good repute, and under certain conditions are capable of earning their livelihood. Among such men we can find many skilled laborers, who by reason of their weakness are not dependable, and are, therefore, not qualified to occupy responsible and permanent positions.

Hospital and Custodial Quarters.—I have perhaps been rather circumstantial, as it has been my object to impress upon you that the inebriate has distinctive peculiarities, and that the selection of the place and the building of suitable quarters for these people requires that we build around the individual; in other words, certain conditions are requisite, departures perhaps from the character of an ordinary institution. The most obvious needs for the proper constructive treatment of inebriates are, first, sufficient land for agricultural development; second, sufficient plant for industrial training and workshops; third, an opportunity for segregation of the diverse cases. Provisions for the care of female inebriates should also be made, as any system which overlooks their medical treatment is necessarily defective. Taking up these requisites separately and in the order named, we must first consider the selection of the institution site. In many States where there are large areas of undeveloped land this is a matter of easy solution; in thickly populated States certain difficulties may have to be overcome. The area selected should offer certain natural advantages; in other words, the land should be undeveloped, allowing for considerable work for the inmates and affording an opportunity for affiliation or cooperation with the Forestry, Agricultural, and other State commissions. This in my mind is an essential part of our educational

scheme. The acreage should be as large as possible and permit of future extension.

The buildings which are necessary for immediate occupancy are the ordinary service buildings, which can be enumerated as follows: An administration building, a reception ward, and a small hospital for the treatment of emergencies; and for purposes of economy and efficient administration these buildings, with the ordinary service building, should furnish a central group. The cottages, which are units, should be sufficiently spread over the large area of land to permit of differentiation and segregation of the types. The ideal cottage or unit has its own kitchen and dining-room, and the ordinary household duties are performed by the cottage inmates, who are responsible to the medical director for its care and proper administration. The cottage, or colony, is the pivot center of our scheme. The cottage intended for hospital cases should care for a maximum number of fifteen, and the patients in each cottage should be temperamentally congenial. These hospital cottages should be as widely separated as possible, not only for the purpose of securing complete differentiation, but in order to encourage competition and a healthy rivalry, which is an important part of the educational system. Each cottage, as before stated, will be cared for largely by the patient occupants.

The cottages composing the detention colony, for the supposedly incurable inebriates, should accommodate a maximum number of twenty-five, and can be more closely grouped together, allowing for a more economical administration, but permitting a modified although less complete segregation than is possible in the hospital colonies.

The cottages for female inebriates should be arranged practically in the same manner.

Another requisite which should be considered is the inauguration of clinics or detention hospitals in towns or cities. In these adjunct hospitals would be treated cases of acute alcoholism which voluntarily presented themselves for treatment or which were brought in as emergency cases. These hospitals or

clinics for uniform management and the transfer of patients, should be administered under the same board of trustees and the same medical director as the parent institution.

Briefly expressed, this plan, which will be inaugurated in Massachusetts, includes the development of three institutions, which will be under uniform management and common medical supervision.

The plan as outlined above provides for the care of male and female inebriates, which can be differentiated as follows:

1. A hospital colony for male inebriates, to receive

(*a*) Patients who come voluntarily;

(*b*) Cases committed by judges and magistrates;

(*c*) Young habitual drunkards placed on probation by the courts on condition that they spend their probation period at the hospital;

(*d*) Suitable cases transferred from the detention colony.

2. A detention colony for incurable non-criminal inebriates, to receive

(*a*) Incurable cases committed by the courts;

(*b*) Confirmed drunkards who commit themselves voluntarily.

3. A hospital colony for non-criminal female inebriates, to receive

(*a*) Voluntary cases;

(*b*) Cases committed by the courts.

Particular attention is called to the disposition of criminal inebriates. Massachusetts is favored by having a State farm to which criminal inebriates are sent on indeterminate sentence from the courts. If such an institution were not available it would be necessary to commit the criminal inebriates to jails and houses of correction until more suitable arrangements could be made for their care.

General Medical Treatment.—We recognize that our modern view of alcoholism negatives the existence of any specific for confirmed drunkenness. The treatment necessarily must be considered as in the realm of physiologic therapeutics, which is

supplemented by the simplest form of suggestion. The suggestion is really an auto-suggestion; the result of a correlation of impressions which the patient receives from his association with the physicians and from his environment. The physician is concerned in an analysis of the individual cases, which is made possible by encouraging the patient to co-operate in his own recovery by educating the will, and thus strengthening his self-control. The treatment is educational or re-educational and, reduced to its simplicity, may be said to be an endeavor to have the patient fix his attention on his defect, while we surround him with influences which will sustain his interest.

We should remember that the removal of the physical or psychical exciting cause for the condition, the reason for the onset of the drinking debauch, is all-important. The determination of the reason for the condition and the selection of the method for the removal of the cause, are possible only after a careful analysis of the individual case.

This brief retrospect of the general medical treatment would be incomplete if I omitted reference to the out-patient department, which should be considered an integral part of the institution. After a patient is discharged from the hospital he is placed, with his permission and promise of co-operation, in charge of the out-patient physician, who by his regular visitations to the patient and family, is able to supplement the treatment begun at the hospital.

It is believed that this plan, allowing for the colonization of the non-criminal cases of drunkenness, and the proper segregation of the types, will facilitate the study of contrasts in cases, and by furnishing opportunity for scientific study, will contribute to medicine and society new and important knowledge for future study of the problems of drunkenness. If this plan, which appears to us feasible, is carried out, its economic importance to the State will be considerable and certainly its benefits to humanity far-reaching and unquestionable.

THE AIMS OF A PSYCHIATRIC CLINIC

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The term clinic is most widely used in the sense of bedside teaching. In this country rather erroneously the term has become applied largely to dispensaries irrespective whether they are used for teaching or not, whereas its real intrinsic meaning is a hospital in which patients can stay in bed and be treated and in which bedside teaching is one of the main purposes, and it is in that sense that the term psychiatric clinic is now used.

Hospitals for mental disorders used as clinics are a relatively recent development. In some old European places special needs and ancient traditions brought about the existence of annexes to city hospitals, annexes in which mental cases could be cared for and in which, during the last century, medical students were given the advantages of bedside instruction. From these annexes special *detached* hospitals developed, just as the Bloomingdale Hospital developed from a small ward at the New York Hospital which was in operation nearly 100 years ago. German, French, Italian, Russian, and South American communities had such provisions distinctly for the use of medical schools long before the matter began to get agitated in countries with Anglo-Saxon constitutions.

To-day America has two such institutions for psychiatric instruction and psychiatric work: the clinic or psychopathic hospital of the University of Michigan; the Boston Psychopathic Hospital; and as a third one there arises the Henry Phipps Psychiatric Clinic of the Johns Hopkins Hospital.

I have been asked to speak to you about the aims of such an institution, and inasmuch as Dr. Southard will discuss the scientific aims, I shall use my time chiefly in regard to the practical aspects.

At the present time a great amount of interest centers in the subject of heredity owing to the prominence it possesses as a factor in the production of nervous and mental disease; and not unnaturally a question of the segregation and sterilization of the unfit has been advanced as a desideratum and by some as a panacea. In reality the struggle of civilization will always cause a certain number of breakdowns and show up certain weaknesses which require the best means of study and treatment and give the victims the best chances of recovery and the society means of prevention. For this reason we shall always need the best and most useful hospitals.

Psychiatry in the minds of the layman and most physicians figures as a system of asylums. Reformers have aimed at adding to this system hospitals more like general hospitals, or at least hospitals for the care of recoverable cases, as if it were possible and fair to make the distinction from the outset. We certainly all long for hospitals more easily accessible and less hemmed in by forbidding traditions and forbidding rules of admission, apt to get the patients earlier and organized for more intensive medical work than the average asylum or State hospital. These are points so often emphasized that I shall not discuss the topic from this point of view. I shall try, rather, to direct your attention to another line of consideration which leads to our conception *from the point of view of the patient* rather than from the point of view of the organization of State care and improvement of the present types of asylums and hospitals. I wish to discuss the aims of the clinics as guides and as means in coming to the *help of patients,* and especially some features which make the demands on a psychiatric clinic somewhat different from those of most other hospitals.

Mental diseases take a special position, and that inevitably because they are diseases of the organ and functions of behavior,

the very thing we usually assume as normal in all other types of patients.

Every human being grows from merely vegetative plant-like germs, into an organism which is not *only* vegetative but also *active* and provided with a special *organ of behavior,* the nervous system, the internal economy of which comes to the surface in our mental life. I call the brain the organ of behavior. For all practical purposes, the mental reactions are the functions of behavior. *In ordinary diseases* of the heart, or kidney, or skin, or in ordinary exhaustion, the function of behavior does not show incisive deviations; on the contrary, we depend on the organ of behavior to show us how to adapt our activities in work and rest, in work and in play, in health and ill-health, to keep ourselves well or get ourselves well again if we have transgressed the boundary of health. Disease brings us to our senses, and we take care of our heart and of our digestion, we exercise our body, strengthen our resistance to cold, etc., train ourselves to have our normal appetite and other functions at the right time and with sufficient regularity. *When we come to the mechanism of behavior itself, to what we call our mind,* we find that behavior is regulated by feelings, by fears and desires, by knowledge and wisdom, by personal desire or social custom or social laws; and whenever the functions and the organ of behavior become morbid or sick it is because the one or the other of the adaptive functions becomes unruly, unable to balance, over-assertive or *too little* assertive—in short *we get a picture of disproportions, lack of balance, interference, and hindrance* sometimes with and sometimes without any special one-sided overactivity, *and these very disorders tend to interfere with the wise and practical cautions against grave disorders.* When we suffer from digestive or cardiac or infectious disorders, discomfort and lack of success in treatment and knowledge of evil consequences *make us go to the physician and to hospitals,* and we behave in a manner more or less receptive towards helpful advice and treatment. *With disorders of the organ or function of behavior, the very mechanism through which we* MIGHT *be able to do the right thing is out of*

order. The feelings and moods are no longer adapted so as to work for the best.

In many diseases this becomes so obvious that a responsible and authorized organization has to take charge of the business of the individual; and in his interest, and that of the community at large, it must enforce even against the patient's will what is accepted as the best plan of management. Every country has thus developed its ways of care for the insane, with the help of an *organized system of asylums, State hospitals, and here and there admission wards. While* these provisions are *no longer merely helps of last resort,* they are *not well enough adapted for the early beginnings* of many of the most distinctive mental maladies. To this system is now being added our type of hospital called "psychiatric clinic." Such psychiatric clinics in connection with teaching and research institutions should be prepared to receive and to attack all types of mental disorder from the outspoken full-fledged mental aberration down to the minor difficulties, which do *not* upset the behavior completely, but interfere enough with the normal conduct and adaptation to suggest a need of help which helps.

What do we have to meet?

The way the mind or mechanism of adaptation and behavior can become involved is either *through disorders of special organs* outside of the brain, whose function is necessary for the correct dove-tailing in the parts in the individual as a whole. Disorders of the thyroid gland produce such defects; premature function of the sex glands can create an abnormal sequence in the needs of adaptation. *Disease of the brain itself* can mean arrest of normal growth and produce imbecility or defective inharmonious development; or a disease like hardening of the blood vessels, or the after-effects of syphilis or poisons may directly destroy brain tissue, which as such was perfectly normal. Or *taxing mental states,* excessive and abnormal cravings and preoccupations, and ill-adapted emotional attitudes can unbalance the activity and damage the organ of behavior; and while the normal individual *can* show ups and downs of functional fitness and a great variety

of temporary disturbances, and find his balance again spontaneously, other less well-endowed persons get more easily into conditions which do not adjust themselves without special helps and precautions, or may actually, if once started, set the ball rolling toward final ruin. In a large number of our cases the organogenic, the neurogenic, and the psychogenic disorders play into each other's hands.

In our normal life we have rules of hygiene, and a pretty fair knowledge of what is good and bad for ourselves. Unfortunately *some of the very things which are of temporary good are the very worst things in the long run:* the use of alcohol as a solace, pleasures and gambling, and other excitements, the appeal to moving-picture shows and vaudeville for recreation furnish temporary satisfaction and relief only at the cost of more restlessness and more exposure to alcohol and unhealthy conditions. *Depressions* lead to a need of protection against the continual urging and advising by eager friends, and that leads often to a *desire for solitude* which is apt to favor the very brooding which is half the trouble. Or a *feeling of exaggerated well-being* of an expansive patient, *or* the *cocksureness* of a person with a delusional system directly *turns against all and every suggestion of helpful advice.* All these are things which militate against a plan of adequate treatment. These are conditions which we must try to *overcome by making our helps attractive and acceptable even to the shaken or misguided confidence of our patients.*

Our organized system for the care of mental disorder is in many respects *forbidding.* It throws together all kinds of diseases, and shocks in that way the already sensitive patient who fears the worst for himself or herself. It comes at once with an outspoken declaration of insanity in the very *commitment* to a hospital, an expression which carries a humiliation to the patient and adds insult to injury. It often means carrying the patient off to a remote asylum which is too widely supposed to have the inscription, "Leave hope behind all ye that enter here." Helpfulness rather than coercion must take the place of all this. There are other difficulties. The public is not discriminating

enough to make a distinction between ordinary foolishness, which we usually try to remedy by wholesome, though harsh, supposedly righteous indignation, and truly morbid unfitness which needs helpful sympathy and proper *medical* care. It so often happens that what ultimately ends in an overt mental disease is at first the undue fretting over a *legitimate* difference of opinion. It may be hard for both patient and family to recognize what is morbid and what is carelessness or "cussedness." The declaration of the trouble as "mental disease" comes finally as a climax to more or less hideous family relations which in normal life we consider tolerable only because they do not always lead to such disaster. Everything helps in making the declaration of mental disorder a painful and more or less shocking experience, and one against which the patient struggles as the culminating injustice, so that ultimately the readiness and willingness for co-operation are practically ruled out. These are odds against which only the maximum attractiveness of the hospital will win out. But even in the simpler cases the task of the physician for disorders of the organ of behavior is also more *responsible* than that of the average physician, because he cannot properly leave it to the judgment of the patient when it is time to go to a better physician. What might be a natural responsibility for a general medical practitioner becomes here a vital obligation: The physician *must* avoid allowing his services to be a mere patching up and must see to it that fundamental help is brought. Yet nothing is more difficult to supervise than the actual carrying out of the treatment where the thinking, feeling, and acting, i.e., the sphere of behavior, is itself at fault. We realize to-day that nothing short of a hygienic socializing of the community will achieve results, and this means an adequate out-patient and social service department, and in addition an elastic system of admission and discharge and follow-up work.

The time is past when the patient could be intrusted without further responsibility to the families or to the charitable organizations and churches. The physician *must* work as a social force and he has happily learnt to do so with the help of

the social service worker. We come here at once to a serious point: Social service work does not flourish if it is scattered over too large an area, and it is also difficult to get the patient to go to a hospital soon enough if it is too far from home and beyond easy contact with the family. Hence my *requirement that a hospital of this kind deal specifically with a limited area, and a well-defined unit of population.* Whatever goes beyond that is less favorable and a mere concession to necessity and to help out more remote *backward* communities and their victims.

A psychiatric clinic in order to be a model of psychiatric activity does well to make itself serviceable to the immediate community in which it is located. It should not be an excessively large unit of population. We know that the average American population to-day furnishes nearly one actual commitment per 1,000 inhabitants per year. As soon as we are more broad and helpful the number will at least double, especially if we want to see to it that care and help will come to many who are now merely managing to drag through a painful and inefficient existence, painful to the persons and to the family and to the community, and so often leading to social as well as to hygienic fiasco. The number of persons who need, in one way or another, experienced help in the hygiene and care of their organ of behavior is, therefore, nearer 1 to 100 than 1 to 1,000, if we consider the fact that probably 2 per cent. of the school children, i.e., 1 out of every 50, is sadly in need of an overhauling by a trained psychopathologist. We know that the study of the cases involves the most painstaking medical investigation of the function of all the individual organs of the body, beside that of the co-ordinating mechanisms which constitute the mental life and functions of behavior. The study of each case demands considerable time and sagacity, and especially the knowledge of the range of mental capacity and attitude a great deal of time and experience, and a most careful investigation of the outside conditions under which the trouble arose. Consequently one physician can only attend properly to a limited number of such cases.

Our problem is to find out what the person is trying to meet,

why he fails to keep balanced, and what is to be done to help him strike a level on which he can maintain himself. This means an organization which must not spread itself over more ground than is compatible with the efficiency of the work undertaken.

The ideal would be to undertake the work in a unit of population of from 100,000 to 300,000 inhabitants, and to have the model school or clinic be a model mental health agency of a definite community. As long as we have to make compromises, I must at least insist that provisions be allowed a clinic to give one-half of its energy to intensive work on a limited district and bestow the other half to intensive work on special problems, but not to scatter the work by accepting too many cases which would pass from one's supervision and control, as a poorly-done job, owing to distance and owing to inability to size up the levels from which the patient comes and to which he may be expected to be fitted again.

Within this plan the clinic has to meet its demand not only as an out-patient department with social service but as a hospital. The first need in any *hospital* for mental disorders is a *possibility of adequate segregation of incompatible types of patients.* Owing to the inconceivably short-sighted unwillingness to *face* the effects of land speculation on the much-needed commodity called elbow-space, and the lack of appreciation of the value of a restful environment, and owing to the usual misplaced economy and lack of foresight in choosing large enough hospital grounds, protected against street cars and providing for growth, this problem can become very difficult. A hospital for mental cases needs a sufficient number of subdivisions. Some of our patients are apt to be noisy, and it would be a poor policy to have to suppress the noise at *any* cost by means which would often do the patient more harm than one likes to be responsible for. From a certain point on doing the best thing by the patient very often becomes *inevitably* irritating at its best, and any interference is apt to really make the patient worse and excitable for a time. This must be faced and must be made practicable without undue upsets. All *avoidable* repression and all *avoidable*

conflicts should be headed off by the organization of the clinic. A fair number of cases of mental ill-adaptation are best treated at home, while attending to their work, by showing them how to live and how to work and how to play, and how to rest and sleep; and they may at the most need a short stay at the clinic to be examined and started on a régime under the proper guidance of trained helpers. These are patients whom we do not want to shock with the sight of others who are much worse off. The note of helpfulness and not coercion must be uppermost, and it must become possible to reserve commitment to a small number in whom no doubt could arise.

The urgent point is then the creation of an environment which really suits as far as possible the needs of the patient, and especially also those who are obliged to stay for a somewhat longer time: rest for the one, amusement and distraction for the other, and a routine of simple quiet occupation and play for the large body. We call here for provisions which are absolutely essential in our work; whereas in the average *general* hospital they can be neglected on the supposition that any normal person can stand forced rest or restrictions imposed by disease to a reasonable extent, and as soon as the period of actual sickness is over the patient can go out and look out for his or her own needs.

Our cases usually present disorders which cannot be modified by such simple procedures as allow the surgeon to turn the fate by one operative interference. The readjustments which we have to strive for most take days, weeks, months, and often enough years of active treatment, or at least of protection; and the natural question becomes not only, what is the actual disturbance in the patient but what will be the best situation in which to care for the disturbance. In some cases the average hospital methods like rest in bed and feeding and drug-treatment will do; for others a stay in a more homelike environment, or in an institution adapted for subacute and chronic care and habit-training; or at least a place where the patient can be in the open air easily, and away from the temptations of alluring attractions to his morbid appetite and longings and fancies.

Now the ultimate aims of the treatment and the work of the hospital! After everything is done that modern medicine and psychopathology put at our disposal, we must find out the level to which the person is suited, be it at large, in touch with local agencies or in a protected environment, a hospital, or an asylum, or a colony. The clinic must become a place of help sought freely and given freely by enough patients to overcome as much as possible the usual unwillingness to accept help in matters of behavior and conduct of one's mental processes. And the clinic must be a place from which the avenues offered by the community be freely accessible. Thus, after all, the clinic is only part of the organization. It must be able to take in any kind of case. But it needs its convalescent home and training school for habit-training, its mental reformatory, its colony, and its homes for those needing protection; for some of these functions provisions are at hand, for others not.

My ideal is the creation of the clinic as the center of the mental health work of a sufficiently circumscribed community, provided with helpful adjuncts close at hand, not thrown upon the State institutions at a distance but keeping its successes and its failures within the district. Even if the primary task is teaching and research, the right kind of teaching is showing how to do things in each case from the start to the finish; and the right kind of research is work with all the facts within reach or in sight and the applications practicable. Large complexes like New York may need special provisions, monstrosities to fit a monstrosity. Even a city like Baltimore is almost too large to be taken up as a whole. But owing to the munificence of Mr. Phipps, a start is being made there which will overcome many otherwise unsurmountable difficulties. We hope to take up intensive work of social study of a limited number of districts, facilitate dispensary work by a system of social service work, collaborate with the physicians and existing agencies of the districts, cultivate an idea that help in the disorders of nervous and mental adaptations means help and not merely moralizing and preaching of tiresome rules furnished ad nauseam by all the good advisers called in or not called in.

Even a moderate number of persons who have learned to look upon medical help as a reasonable process worth their full co-operation will do more than a dozen lectures.

The proper operation of a hospital for intensive work will also have its influence upon the large existing institutions. They are hampered by administrative traditions and lack of adequate support, and sometimes by a certain helplessness coming from lack of opportunities for training. It would be a great satisfaction to become helpful in overcoming difficulties in these directions.

The much more tempting topic, the question what we want a clinic to be as a teaching and research institution beyond these practical issues of demonstration of methods of work and of actual practice, is a topic which I must leave to Dr. Southard. The points that I should like to have you remember are briefly these:

It is eminently necessary to get model institutions in which medical students and physicians can learn how to deal with the many problems of the disorders of the organ of behavior from their inceptions into all their ramifications. The clinic must do the work for at least one limited district, with its out-patient and social service and consultation department, and with its hospital wards. Everything must be done to make help in mental disorders more acceptable and convincingly helpful. More patients must learn to look to it for help and the organization must be so as to give the patient and the physician and the public at large a conception very different from that to-day associated with insanity. It is not so much the issue of more help to the curable, but the issue of more work near where the troubles begin, and work against that which breeds trouble. For this we must learn to put the chief weight on hospitals and organizations for natural districts for intensive work rather than upon the mere economy of huge hospitals far away from where the troubles develop.

MENTAL DISEASES IN GENERAL PRACTICE

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It is a rather strange anomaly that the growth of specialism should have increased rather than diminished some of the responsibilities of the general practitioner. To-day the physician whose province is general medicine must have a broader knowledge of his profession than ever before. He must know the resources as well as the limitations of the special departments of medicine and he must know the relation which each of them bears to his own work. On the other hand, the intense devotion to his own department which is demanded of the worker in a special field tends somewhat to divert his interest from the problems of general medicine. The specialist's knowledge of the family and the environment of those whom he treats is being constantly lessened, while his contact with his patients is often limited to single episodes in their lives. It devolves especially upon the general practitioner, therefore, to maintain that ancient personal relation between doctor and patient upon which, after all, the usefulness of our profession depends the most.

Fortunately the necessity of having much surgical and medical treatment carried out by specialists has not lessened the confidence which the people generally repose in the competent general practitioner. It is almost the rule for patients to refer the advisability of surgical procedures or special treatment to their family physician and to be guided by his advice. This is a new responsibility of the general practitioner—the direct outgrowth of specialism—but the greatest responsibility of the general practitioner is for the detection of the beginnings of

disease. In a very large number of cases, patients owe far more to the skill and insight of the general practitioner who perceives danger when it first threatens than to the surgeon or other specialist who applies the means of cure.

The field of psychiatry is often regarded as the department of medicine most separated from the work of the general practitioner. There are several reasons for this feeling, but, in my opinion, it is due far more to the elaborate structure of legal and administrative procedure required for the commitment of the insane and to the requirements of institutional care than it is to the nature of mental diseases. I believe that if it were possible to strip from the care of the insane some of its needless legal entanglements and to carry out treatment in institutions as accessible as the general hospitals, the general practitioner would discover that no other special field of medicine is so interesting or so closely allied to his own work. Modern psychiatry concerns itself primarily with the study of the individual, and it is with just this study that the general practitioner occupies himself in his daily work. It is this study which makes the practice of our profession so attractive to us and which compensates us for the loss of many of the good things of life which, more or less cheerfully, we see delivered at the doors of neighbors who labor in more productive fields. Whether he stops to think of it or not, the general practitioner spends his life in the study of the individual. The psychiatrist carries on the study with definite purposes and he provides himself with resources which enable him to acquire, readily and accurately, information which comes to his colleague in general practice largely by chance or through years of careful observation, but the general practitioner and the psychiatrist observe, through lenses of different power, similar phases of human conduct. A very large part of that undefined knowledge which physicians acquire and which we term "experience," is only information regarding mental mechanisms, and the skillful use of this knowledge determines the success of much of the general practitioner's professional work.

Many psychiatrists have noticed how much more readily the physician with general medical training and some experience in the practice of his profession acquires the facts of clinical psychiatry when an opportunity offers than the psychologist who has spent many years in the study of the mind but who has lacked opportunities for the study of the individual. There is a strong temptation to dwell upon the opportunities for the study of the mind which are presented in the work of the general practitioner, but the limits of this paper require me to consider matters which are more closely related to the object of this conference, although, perhaps, of no greater importance when their broader relations are considered.

I want to make use of the short time at my disposal in directing attention to the fact that the care of the insane and especially the detection of mental diseases are far more in the hands of the general practitioner than is commonly supposed. Last year about 3,600 patients were admitted from Greater New York for the first time to any institutions for the insane. Of this number, nearly a third, or 1,200, have been insane for a year or more before their admission. During that time, many of them, doubtless, had consulted no physician, but many others had received treatment in hospitals or dispensaries or by physicians in general practice. The reports of the New York State Hospitals show that, in nearly ninety per cent. of the cases who recovered during the year, the duration of the mental diseases had been less than a year before admission. It seems to me that there is a very important relation between these two facts. It is not justifiable to say that recovery in the recoverable type of mental diseases depends more upon early treatment than upon any other factor, but I think it is quite within the limits of accuracy to say that it depends as much upon this factor as any other. The essential thing is that *this factor is largely within our own control, while many others are not.* We would have little faith in the modern treatment of mental diseases if we believed that a delay of many months in obtaining treatment had no effect upon the recovery

rate. Securing early treatment for the insane is well worth while, then, and a part, at least, of the responsibility for obtaining early treatment of the insane rests with the general practitioner.

Some statistics may indicate how great is this responsibility. The census of 1910 showed that on January 1st of that year one person in 291 in the whole population of New York State was in an institution for the insane. Nearly a fourth of the people in the State were less than fifteen years old, however, and so, of all the people in the State above that age, one in 218 was in an institution for the insane. When we remember that there were in the State at that time at least 2,000 persons already insane who were destined to be admitted to institutions for the first time during the year just commencing, and that there were a great many persons who had been discharged unrecovered during the previous year, we must admit that mental diseases are exceedingly prevalent in the community, and we must be prepared to meet them in many phases of professional work besides the special field of the psychiatrist.

I had an opportunity, during a detail of four years at a United States Marine Hospital, to observe the incidence of mental disease in a hospital which received all classes of diseases. During that period about 900 seamen were admitted for all causes each year. Of this number, one in 67 was suffering from some form of mental disease. It is an interesting fact to note in passing that only about one-half of these patients applied for treatment on account of symptoms directly referable to their mental disease. It can be assumed that at the port in question all sailors come to the Marine Hospital for treatment, for those who obtain admission to civil hospitals are sure to be transferred to the Marine Hospital as soon as it is learned that they are seamen. The incidence of mental diseases in that general hospital, therefore, must have been fairly typical for all general hospitals, for there seems no reason for believing that mental diseases are especially common among sailors. In the United States Army mental diseases rank third as a cause of retirement or discharge from the service. According to the report of the

Surgeon-General of the Navy for the fiscal year 1912, not fewer than 343 officers and men were retired or discharged from the service on account of mental disease. This exceeded the number retired or discharged for tuberculosis and it exceeded the entire number of cases of typhoid fever treated by more than 50 per cent.

What practical bearing have these facts regarding the incidence of mental diseases in the community and in special groups of population upon the problems and the responsibilities of the general practitioner? The most important lesson is that the general practitioner should be constantly on the watch for mental diseases, in the homes which he visits, in the consulting room, the dispensary, and the hospital ward. If he is watchful he will be certain to observe many such cases, and if he observes early cases of mental disease he will have an opportunity of performing a most valuable service by securing for them the timely treatment which is so essential.

In the hospitals for the insane are seen too often irreparable results of difficulties which have arisen between the individual and the environment. As Dr. William A. White has well said, the psychosis is often seen to be the refuge of the patient from a world in which he cannot live. He first has difficulty in adjusting himself to his environment, and finally, finding the task impossible, he retreats to a world of delusions, of silence or of inaccessibility in which the environment is of his own making or is completely shut out from his view. If the first difficulties of adjustment could be recognized, it might be possible, in some of these cases, to alter an unfavorable environment or aid the patient in adjusting himself to it, and thus avert the great disaster which occurs when an individual retires behind an unhealthy fabric of defense of his own manufacture. The belief is spreading among physicians whose work is in hospitals for the insane that the most hopeful fields of psychiatry lie outside the hospital walls. Too often all that is possible within the institutions is, laboriously and with partial success, to unravel some of the tangled skeins. Psychiatric clinics,

psychopathic wards in general hospitals, and simpler means of commitment for observation or treatment, all will bring mental cases to the psychiatrist earlier, but, in a vast number of cases, the issue is decided earlier yet. It is earnestly believed that by recognizing the existence and the significance of these conflicts the family physician, with his rich opportunities, can do more for the prevention of mental disease than can be accomplished by any other single agency.

To do his part in this great field of preventive medicine it is not necessary for the general practitioner to be a psychiatrist, but it is essential for him to be familiar with some of the beginnings of mental disease, with the vast importance of the subject and with the means by which patients can be directed to a suitable mental examination. The diagnosis of mental disease must always be very largely in the hands of the psychiatrist, and the care of the insane must always be carried on very largely in special institutions, but it is the general practitioner who can most readily bring early cases to attention. In the work of the internist we see no hesitancy in having special examinations made in doubtful conditions. It is likely that the Widal test for typhoid fever, the Wassermann test for syphilis, and the bacteriological examination of throat cultures serve their most useful purpose in *excluding* from the diagnosis the diseases suspected. This is generally recognized, but, with mental diseases, the internist follows a totally different procedure. He usually waits until the existence of mental disease is apparent to all instead of having a careful investigation made of those slight changes in conduct or thought which we know have such profound significance. If only one in five of patients presenting these symptoms were discovered to be in need of institutional treatment the trouble of having the others examined would be richly repaid.

There are several large groups of mental diseases in which an early diagnosis has no influence upon the outcome. These mental diseases, most of them due to progressing organic changes in the brain, are incurable, but nevertheless their recognition is

often of the utmost moment to the families of those who are afflicted. The most important of these diseases is general paresis, a type of mental disease which is responsible for about one-fifth of all cases admitted to hospitals for the insane from this city. Four hundred and ninety-nine persons died from typhoid fever in Greater New York in 1912, but more than 500 cases of general paresis, all certain to die of their disease, were admitted from the same population in the same period. The history of the early stages of general paresis is often a pitiful story of family estrangement, business entanglement, or personal disgrace, and yet the diagnosis of this disease can usually be made by the trained psychiatrist at a very early period, and it is aided by a very accurate laboratory test. I know of a case where the cashier of a bank, whose business life had been irreproachable, wasted the funds in his custody during the early stages of general paresis. He was convicted of embezzlement and died in disgrace, the most charitable view expressed by his associates being that his death a short time after his conviction had partially atoned for his wrongdoing. His family, recognizing that only mental disease could have accounted for his actions, had the courage and good sense to demand a necropsy, and the necropsy showed conclusively the nature of his disease. I know of another instance in which an efficient officer was dismissed from one of the government services for all sorts of absurd misdemeanors which were clearly the result of the mental disease from which he died a few years later. Many such instances could be given if time permitted. Their lesson is that, although such cases cannot be cured, it is of great importance that their existence should be recognized at the earliest time possible. It would be interesting to consider some of the early manifestations of mental diseases and their relation to social and family difficulties, but time will not permit. A little later in the week there will be an opportunity to hear this subject presented at this conference by Dr. August Hoch, who can, from his rich experience, deal with the subject far better than I could, even if there were time to devote to it this evening.

The responsibilities of the general practitioner are already heavy, and one hesitates before suggesting that a single new one should be assumed. When we realize, however, the great prevalence of mental diseases and impairment, and the unhappiness and misery which they bring, not only to the patients but to their friends and relatives, it seems that some means should be devised for securing more attention to mental diseases on the part of the general practitioner. Unfortunately, psychiatry is a subject which is neglected in the courses of instruction in our medical schools, and although in this city one can obtain splendid instruction in tropical diseases and learn to recognize the different varieties of trypanosomes, there is not any opportunity for post-graduate instruction in mental diseases. Our great hospitals for the insane provide many opportunities, but they are only imperfectly utilized. It is the practice at the Manhattan State Hospital and at several other institutions in this country to send to the family physician of each patient admitted a copy of the clinical report and to invite the physician to attend the staff meeting at which the patient's case will be presented. When one considers the manifold duties of the general practitioner and the small time that he finds for recreation, it is not surprising that so few respond to these invitations. It would be an excellent idea, it seems to me, when patients are discharged, to send the family physician a full history of the patient's condition while in the hospital. This history could be accompanied with definite suggestions for after-care and a careful statement of the signs which are apt to indicate a return of mental disorder.

The early diagnosis of mental diseases is not the only field in which the general practitioner can render efficient aid in mental hygiene. The public distrust of general hospitals has nearly disappeared, but hospitals for the insane suffer too often from the same lack of public confidence which general hospitals had a generation ago. The general practitioner can do far more to dispel popular misapprehensions regarding the care of the insane than can any physician who is directly connected with one of these public institutions. He can use his powerful influ-

ences for early commitment of cases, and he can often, better than anyone else, aid the patient's family to understand the necessity for continued detention in a hospital. He can lend his great moral influence to securing a kindlier attitude toward the insane upon the part of the public and of public officials. He can lend his voice to all movements which have for their object the transfer of the custody of the insane before their commitment from police officers to his own profession, which has assumed responsibility for first aid to all other classes of the sick and injured. There can be no doubt of the place of the medical profession in the new movement for mental hygiene, and, in our profession, there has not yet been found an influence more powerful or a voice more likely to be heeded than that of the general practitioner of medicine.

THE PSYCHOPATHIC HOSPITAL AS RESEARCH AND TEACHING CENTER

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Abstract.—Theoretical and practical objects of the mental hygiene movement. That movement more than elaboration of the obvious. Some training in fundamental medical sciences desirable for all educated persons. Supervision of lay workers in the medical field by schools for social workers. Lowering the age of graduation in medicine desirable to leave time for a little research before money-making. Improvement advocated in the correlation of studies of the nervous system in medical schools. Every medical faculty should have at least three members fundamentally interested in the nervous system. Practical work in psychiatry. Proper medical school arrangements for psychiatry greatly dependent on the existence of a psychopathic hospital. No one model possible or desirable. The new Boston arrangements. Branches of activity of the Psychopathic Hospital in Boston. Some practical conclusions already arrived at since opening the hospital in June, 1912. Novel conclusions: importance of pediatrics in relation to psychopathic hospital work, possibility of prophylactic work in cases found by old hospital records to have had nervous disease. Research should be, not merely permitted, but fostered.

Next to genuine discoveries and generalizations—such in the field of NEUROPATHOLOGY as *lumbar puncture,* the *plasma-cell differentia* in general paresis, the application of *immuno-chemical*

tests to the syphilitic group of mental disorders, the structural cross-light afforded by *cell-findings* in subjects dead with *dementia præcox and senile dementia,* or such in the field of PSYCHOPATHOLOGY as the finer *effects of drugs* on mental processes, the standardization of *intelligence-tests,* the observation of characteristic *residual dementias* in different mental diseases, the definition of *apraxia* on the lines of aphasia, the *association-tests,* the significance of *sex-factors,* the scope of *suggestion*—next to the making of concrete contributions in these fields stands the public duty of aiding and abetting such creations and greater creations in the future.

To stem the tide of syphilis, to wage war on alcohol, to counsel against the marriage of defectives, to generalize the insane hospitals, to specialize the general hospitals, to weed defectives out of general school classes, to open out the shut-in personality, to ventilate sex-questions, to cure all stutterers under forty, to perturb and at the same time reassure the interested public—these are infinitives that belong perhaps in a rational movement for mental hygiene. They are things the past has taught us more or less clearly to do. And in that sense the movement for mental hygiene is surely not much more than elaboration of the obvious.

I propose to maintain, however, that the mental hygiene movement is more than elaboration of the obvious, more than exploitation of the discoveries and generalizations of the past.

We must not merely execute the national will along the pyramidal tract of the National Committee and out the muscular nerves of innumerable local committees and social agencies. Somewhere back of the aforesaid pyramidal tract and its transmitters lies a field of intelligence. This field of intelligence we must electrify or magnetize or in some way energize—I have long been unable to do more than mix metaphors hopelessly when intelligence enters discussion—so that continually new ideas flow in. Here stands firm the National Committee like that departure-platform for the will known to anatomists as the precentral gyrus. Early to ripen—like that remarkable convolution—

the National Committee can but send out available impulses. It must react upon those *convolutions,* if such exist, *for new ideas* and ripen them. But first, some might say, let the firm, present, available basis for action be rendered firmer, wider, and deeper, more available. *Why get back of the precentral gyrus?* I hear this cry, not always in these words, even in Boston. You have all heard it or, at any rate, felt its subtle effects. *Why think when it is so much easier to act?*

Was it not an American professor who advocated that every high-school boy and girl should dissect the brain of a shark? His wise though perhaps over-concrete suggestion was probably regarded in many quarters as a sample of American humor. Who can now be quite sure that suggestion was overconcrete?

I should doubtless be equally before my time should I advocate that every prospective clergyman, lawyer, social worker, and large employer of labor should receive, *instead of a Junior and Senior year of this, that, and the other,* a Junior and Senior year or simply *one year* devoted to the broad-gauge pursuit of *first- and second-year medical studies,* the fundaments of anatomy, physiology, hygiene, and pathology.

For the present, at any rate, we can encourage prospective psychologists, social workers (among whom I include rich persons who are likely to become trustees as well as politicians in the making), future medical students, and all other interested persons (including, I hope, lawyers who will some day try criminal cases, and clergymen who are consulted in the psychopathic scrapes of their parishioners)—these we can encourage *while still college students* to become acquainted with something of psychopathology.

These students should be encouraged to pursue in the community social service inquiries, eugenic inquiries, inquiries into individual personal difficulties, and under supervision to help the victims of heredity and environment or—what is perhaps more common still—the victims of the interplay of both.

The supervision I advocate for these difficult but absorbingly interesting and illuminating concrete inquiries by college students

is supervision by available schools for social workers or, where such arrangements exist, also by psychopathic hospitals.

In the medical school itself, I should of course *a priori* like to see various persons who had no idea of practicing medicine, but who conceived that their practice of law, or their pursuit of divinity, or their participation in philanthropic and social work would be benefited by medical studies. These I should like to see privately or officially following juvenile-court cases, minor wards, difficult adolescents, school-age stutterers, and deriving benefit from available intelligence-tests and motor-capacity tests under supervision of the local psychopathic hospital or its most available substitute. I would force nobody into such pursuits, but would provide the opportunity. Opportunity must as ever act as a vacuum.

A university leader, with whom I talked over the conception of the unique general cultural value of first- and second-year medical studies, thought the conception was hardly practical. Precisely, it wasn't practical, it isn't precentral yet, it isn't in anybody's forehead. Education is new in people's foreheads. Yet, beyond question, conceptions of the cultural value of biology and its more and more autonomous branch, pathology, are conceptions bound to enter the collegiate head and finally dominate its will. In passing I will merely point out the curious fact that medical educators, conscious as they must be of the cultural value of fundamental medical studies, keep blindly insisting on four years of A.B. work, non-medical, instead of boldly asserting that the first two years of medical study are as good, as broad, as deep, as effective purveyors of culture as any conceivable Junior and Senior college years, whatever their content. You see what I would personally like: it is to bring a man to his M.D. in six years from his high-school diploma, with an A.B. or M.B. appropriately set in the middle years, bring him to a pair of hospital or research years at the age of twenty-four instead of twenty-six, and avoid overlapping the era of personal ambition, of matrimony, of money-making, with the era of study and preparation for life-work. Incidentally my hospital graduate at

twenty-six would be better off than the present hospital graduate at twenty-eight, having, in my opinion, all the qualities of culture, some time left in which to sweeten the routine of life with research, and the well-known advantages of youth in spying out the chance of making a eugenic, not to say an aristogenic, marriage.

Some say this is not practical, not knowing the terrible voluntaristic implications of that unfortunate word. It is so much easier—in pedagogy—to *quantitate* culture than—if such a word exists—to *qualitate* it. Eight years are *longer* than six, therefore *better!*

On the teachers' side in the medical school, I would advocate a fore-and-aft correlation of all those instructors dealing exclusively or predominantly with the nervous system, as those in neuropathology, neurology, and psychiatry. Nor is any medical school ideally complete, as it seems to me, where the interests of the nervous system are upheld by *only one man.* Be he ever so good, the one man is not likely to fit the minds of all the likely students who might be encouraged to go into the field.

Nor are two men much better, if, for example, one takes a strongly structural attitude and the other a strongly functional attitude to psychopathological problems. Schools of thinking are then formed and irreconcilable attitudes fixed in favor of the mind-twist hypothesis on the one hand, or the brain-spot hypothesis on the other, oblivescent of the fact that both hypotheses are nothing but hypotheses.

No! the committee principle is best, and every medical school should provide on its faculty *at least three members* who are fundamentally and forever interested in the nervous system and who, spread over two or more years of the curriculum, may work together to effect a fore-and-aft or longitudinal correlation of studies in the nervous system in place of the horizontal intra-annual correlation now afforded by the division system in vogue in certain faculties.

Every opportunity for revising the curriculum should be

seized in order to improve either quantitatively or better qualitatively the position of the neurological sciences. Thus Harvard, on a basis of 1,000 hours of medical study, gives from 1.4 to 1.6 per cent. of its attention to mental disease. Is this a proper percentage? I do not know. But I doubt whether the curriculum has been properly studied to determine the point.

I am personally inclined to advocate the extension to psychiatry of the plan of so much practical work therein for each student at some time before graduation,—the plan long followed in many medical schools of so much obstetrical work, so many urine, blood, gastric, fecal analyses, so much anesthesia, so much bandaging, so much fracture work, and the like. I should tentatively propose, for each student, the examination under supervision of two mental cases, one perhaps of insanity and one of feeble-mindedness, and the attendance upon at least ten staff conferences (reports thereon) as held at the local psychopathic hospital or at the best available equivalent.

Such are detail questions. Their execution, or the execution of similar details, depends on the development and maintenance of a high-standard psychiatric clinic or psychopathic hospital in the medical center associated, if possible, with an out-patient department.

In this connection I can do no better than read to you some extracts from the reports of the State Board of Insanity of Massachusetts, which describe briefly the scope of a psychopathic hospital as conceived for one center, namely, Boston. I would ask you to remember that the characteristic local independence and differentiation of conditions in different parts of the United States would forbid the exact reproduction of such a clinic elsewhere as has been opened (in June, 1912) in Boston. Nor does the establishment of a psychopathic hospital (and this I would emphasize) abolish the necessity that every large general hospital must also take seriously its mental cases and begin to adopt modern method of treatment therefor. In any event nobody can safely take bodily the idea of, say, the psychiatric clinic of the Charité in Berlin, or the pavilion type of clinic as in Giessen, or the

Munich type, or the Ann Arbor type, or the Boston type, or the new type being built in Baltimore, and lay down any one of those plans (as with a rubber stamp) as suitable in Ontario, say, or Wisconsin, or New York. For certain conditions, I would insist, the Pavilion F type of clinic, as at Albany, may be best, or the grafted-on kind of institution found, say, at Göttingen, in connection with an older type of insane hospital.

For Boston, it was recommended

"that the Psychopathic Hospital should receive all classes of mental patients for first care, examination, and observation, and provide short, intensive treatment of incipient, acute, and curable insanity. Its capacity should be small, not exceeding such requirement.

"An adequate staff of physicians, investigators, and trained workers in every department should maintain as high a standard of efficiency as that of the best general and special hospitals, or that in any field of medical science.

"Ample facilities should be available for the treatment of mental and nervous conditions, the clinical study of patients on the wards, and scientific investigation in well-equipped laboratories, with a view to prevention and cure of mental disease and addition to the knowledge of insanity and associated problems.

"Clinical instruction should be given to medical students, the future family physicians, who would thus be taught to recognize and treat mental disease in its earliest stages, when curative measures avail most. Such a hospital, therefore, should be accessible to medical schools, other hospitals, clinics, and laboratories.

"It should be a center of education and training of physicians, nurses, investigators, and special workers in this and allied fields of work.

"Its out-patient department should afford free consultation to the poor, and such advice and medical treatment as would, with the aid of district nursing, promote the home care of mental patients. Its social workers should facilitate early discharge and after-care of patients, and investigate their previous history, habits, home, and working conditions and environment, heredity and other causes of insanity, and endeavor to apply corrective and preventive measures."

How far have we been able to realize this plan, which had been expressed in general so far back as the annual report of the Massachusetts Board of Insanity in 1902?

The Psychopathic Hospital was formally opened in June, 1912, and now we may say that the forms of its major branches of activity are under way, i.e.:

(1) The *reception hospital,* expressing what has been briefly termed the *clearing-house function* for the insane and alleged insane of the city of Boston and, so far as temporary cases and voluntary commitments go, also of the remainder of the metropolitan district;

(2) The *observation hospital,* for more protracted "research" cases and certain cases held throughout their period of recovery;

(3) The *laboratories,* hardly as yet under way except as regards routine work which is being held up to general hospital standards;

(4) The *out-patient department,* with special emphasis on follow-up work, on intelligence and motor-capacity tests in the feeble-minded, and on the diagnosis of vocal disorder.

Reviewed from the standpoint of the mental hygiene movement, our beginning of work seems already to show:

(*a*) The need of a *mental sanatorium* for the rural régime of borderland cases and the quiet pursuit of psychopathological investigations;

(*b*) The need of a campaign to *deal with uncured syphilis* in our population, classifying as such subjects with positive Wassermann serum tests;

(*c*) The need of *resident alienists in many reformatories* and *training schools* (experience with referred cases);

(*d*) The advantage of *associating mental out-patient departments and dispensaries with hospitals having wards* to which difficult cases may be referred requiring several tests not well carried out in a single day;

(*e*) The advantage of *associating social service work and work in eugenics;*

(*f*) The value of *centrality and accessibility of the institution* as readily securing capable officers and a succession of internes desiring to round out their other hospital work with some psychiatric work;

(*g*) The value of *mixing normal with abnormal patients in* such wise that no patient is aware on *prima facie* evidence that the next patient is insane;

(*h*) The value of a *medical atmosphere,* that is to say, the atmosphere characteristic of a *general hospital,* which conveys the impression to each patient that he and the others there are regarded as medically sick rather than as legally insane.

As relatively novel proposals brought out by our work from the mental hygiene standpoint, I would mention two points. First, the majority of patients in a mental out-patient department (and a type to stimulate the social agencies to send) are children and adolescents. By consequence, we chose as head of the out-patient service a trained pediatrician, Dr. W. P. Lucas, who had distinguished himself in previous work at the Boston Dispensary by the establishment of a *clinic for adolescents.* Secondly, it has actually proved feasible for us to go out into the community (on the basis of old general and children's hospital records) and bring to the clinic for examination and counsel, a considerable number of patients early damaged by syphilis, meningitis, and what we regard as encephalitis. Their parents, who might not resort to clinics for years or not at all, are often exceedingly glad to get the benefit of these examinations for their children. Here is a programme of positive mental hygiene worth considering.

I have little time left in which to discuss research, in whose performances and fortunate issue we are all so fundamentally interested. You will see, however, the significant, well-nigh indispensable part played by the psychopathic hospital in this deliberate endeavor, *not merely to permit research, but to foster research,* whether medical, hygienic, or otherwise profoundly social.

A warning, as ever, must be extended to those who stand by to tell us that Aristotle is *passé*. If it happens not to be Aristotle, perhaps it is Hippocrates, or Galen, or Pinel, or Griesinger, or Krafft-Ebing, or Charcot, or Janet, or Wernicke, or Kraepelin, or Freud who is already *passé*. I have even heard that anatomy is a forlorn variation, that there is a new psychology greatly superior to the old, that there is little in physics but much in chemistry (or vice versa).

The democratic atmosphere of a psychopathic hospital, where there is more than one independent thinker, where there should be *at least three* independent thinkers, is good for the patient. Tug-of-war discussions over abstractions and discussions based on the confidence that deductive principles exist are abrogated. All have faith in the concrete, and belief that the only logic is inductive. Students, whether lay or medical; social workers, whether voluntary or trained; nurses and attendants; friends of patients; and patients themselves get infused with the democratic, many-brained system of attack on our problems, where the fortunate issue is anybody's issue and is bound to be concrete.

In fine, the task and opportunities of a psychopathic hospital—medical, hygienic, social—intellectual, moral, religious—educational, legislative, philanthropic—are really too good to be true, when rendered in the aforesaid concrete. They are likely to take one's breath away, at least that of your humble servant, the director of one.

OPENING ADDRESS

Dean Virginia C. Gildersleeve
Barnard College

Ladies and Gentlemen: The President of the National Committee on Mental Hygiene has defined its campaign as "a continuous effort directed toward conserving and improving the mind of the people; in other words, a systematic attempt to secure human brains so naturally endowed, and so nurtured that people will think better, feel better, and act better than they do now." As college women, we are in a measure bound to take an interest in any campaign of this sort. We are, so to speak, in honor bound to take an interest in all affairs of the mind, and in any movement which aims to give the community minds abler, saner, healthier, better balanced.

From one point of view, I think,—from the direct and personal point of view,—college women have less interest in a movement of this kind than other women; for I contend, rather boldly, perhaps, that they themselves are much less subject to diseases of the mind, are more strong-minded, than the average woman who has not been to college. I think, to begin with, that they are selected from what we might call the stronger-minded section of the sex; and then, moreover, they are trained to concentrate their minds and not to scatter them. They have, as a rule, that great bulwark of mental health,—a steady and regular occupation. They have, I think, generally an interest in life. They have—this is a bold claim—perhaps a better sense of humor than other women. They have also, I think, undoubtedly a better sense of proportion, and are less addicted to that besetting mental sin of making mountains out of molehills. I have

no statistics with which to support these claims. I do not know that any exist; but from an acquaintance of some years, extending over perhaps 1,500 college women, I am ready to proclaim these opinions.

Although from this narrow, personal point of view we may not be particularly concerned with such a movement as this, in a larger way we have, of course, the very deepest interest and connection therewith. The college administrators and teachers feel, of course, the keenest anxiety so to conduct their institutions as to insure the prevalence of sound-mindedness among their graduates. They are deeply concerned in promoting the mental health of their students, preventing over-strain, both mentally and physically, and chiefly in bringing about a healthy-minded attitude in their students toward all the problems of life, physical and ethical, as well as the more purely intellectual.

Women outside of collegiate administration, moreover, those who have been graduated and have gone forth from all the colleges of the country, are the teachers, the social and philanthropic workers, the intelligent mothers and public-spirited citizens, I hope, of the community; and they, of course, have the deepest interest in any problems affecting the general welfare. They wish to know how best to advise their children, their pupils, their charges in social and philanthropic work. It seems to me that in these lines of work, which are the natural fields of college women,—in schools, in settlements, in other philanthropic activities, and in the homes,—we reach the very roots of society, the points where efforts may most profitably be made along such lines as are suggested by a campaign for mental hygiene.

A great exhibit and conference such as this, in which we are very proud to be asked to participate, gives us a splendid opportunity to learn how to take advantage of these chances which we have in our work at the roots of society, to take advantage of these chances to promote mental hygiene. We learn very gladly from an occasion like this, for college women can never lack

interest in any movement that tends, as this does, to give the community sounder, abler, and healthier minds.

The first address upon the program this afternoon is one on the subject of self-management, by Dr. Rose Pringle, woman physician at the Bloomingdale Hospital, White Plains, N. Y., whom I have the honor now to present to you.

SELF-MANAGEMENT

ROSE PRINGLE, M.D., C.M.
Woman Physician, Bloomingdale Hospital, White Plains, N. Y.

It is of some of the difficulties in self-management and of their causes that I would like to say a few words, and in order to be clear, I will take a case in mind for illustration, one of mismanagement.

A young woman of good intelligence and excellent character, I learned from her that she had had many nervous breaks. Since the age of eighteen she had been frequently in sanatoria, and had been treated by many doctors, had devoted some time to Christian Science, to osteopathy, and finally falling in the hands of a surgeon, she had her ovaries removed, thus depriving her forever of any prospect of motherhood, which was a source of great regret.

I explained to her that if I were to be of any help, her co-operation was required, and her frankness was absolutely essential, and with that understanding, I began to inquire into her make-up and her difficulties.

From her I learned that she had been rather solitary as a child, due somewhat to her surroundings, that her young girlhood had been much of the same order, and that now she was sensitive, moody, stubborn, exceedingly emotional, not frank with herself, but rather secretive, and finally, that her present environment was not a happy one and she had no occupation to give her an incentive in life.

The demand for sympathy was, I found, strong and constant, frequently reaching that emotional state when she tearfully felt that she must have someone to lean on, or as she herself explained, better than she knew, someone to love, were that

someone man or woman. When her demand for sympathy did not meet with a satisfactory response she felt neglected and misunderstood. She wept, was irritable, finally going to bed, refusing food and sleeping poorly; a rather serious reaction to such an apparently small cause, and suggestive of something deep in her nature which, if not brought to the surface, to her understanding, meant, at least more sanatoria if not a well-defined mental disease.

Some questions concerning our patient's sexual life met with the response that she knew nothing of that side of her nature, a statement which indicated to me that she either was not truthful or else she was not dealing frankly with herself, was not facing her own make-up fairly and squarely. By degrees I discovered that the truth was difficult for her to tell. She had been brought up as many of us have been, to consider any subject touching sexual matters as beyond the pale, as rather disgusting in fact. Information for her knowledge and guidance she had none and there seemed to be no common-sense, matter-of-fact way of regarding this subject. When her sex instinct made her self-conscious it reminded her of habits of childhood which should have been discarded but had not been entirely so, and she felt guilty. She was not frank with herself, hardly knew how to be so, or what this frankness meant to her, and she was only too ready to accept any given cause for her difficulties. But these did not decrease. She found herself dwelling more on sex topics, not in a healthy way, but rather in a way to produce self-gratification to the exclusion of normal interests.

In this history then we will consider, first, the childhood, solitary in spite of brothers and sisters, with practically no companions outside the home and but one girl friend; second, the sex habits of childhood; third, the utter lack of self-knowledge, and fourth, the environment, with no incentive and no satisfaction in life.

Solitary Childhood.—Children are necessary to each other. Their bickerings, fightings, friendships, hates, interests, which

mean so little in themselves, are all a very important part of their normal development.

The only child, as well as the child solitary in the midst of others, in being solitary loses thus the fundamental part of her life-education, and the more isolated, the more, of course, she loses. As she grows older and this early habit of childhood is undisturbed, she becomes intensely self-centered. She does not tell her thoughts to others, is not frank, but rather secretive, and so in place of her interests growing through contact with others, in place of reaching out to life, to people, and thus learning of herself and of her limitations by comparison,—she is in danger of eliminating the real world to live in one of her own, fantastic, made of dreams, in which sex longings have a prominent place, until her own internal fancy-woven world is all that is real to her, and life holds nothing for her. This is the result we often find associated with solitary habits in the child and in the young girl.

In large farming districts, in isolated places, the number of women who become insane is frequently noted, and their solitude is given as one of the causes. Solitary, narrowed interests, force them back on themselves. Even the adult cannot live within herself, she must reach out or go under.

Family life, too, may be solitary, narrow, intensive. Love for any member of one's own home is morbid when it inhibits our normal instincts. There are men whose love for their mother is so strong that they do not marry. There are women to whom father or brother is all the world and they do not marry. Their growth is restricted, their lives contracted, they themselves are sacrificed to an unhealthy sentiment which benefits no one. Their normal development is never complete. Mother-love itself can be too concentrated, surfeiting, and so robbing of growth and independence.

Sex Habits.—The development of unhygienic sexual habits in childhood depends upon first, a perfectly normal, natural curiosity of the child concerning itself; second, lack of adequate supervision; third, lack of knowledge.

Children are young animals—for we all belong to the animal kingdom—in process of training and development. Training of the senses,—sight, touch in the kindergarten by the Montessori method. Development of the mental faculties, observation, comparison, judgment, in the school and college. But of the training of the instincts—of the instinct which is responsible for our being—we are taught, as a rule, not one thing, in the home, or school or college.

Children are alert, curious, and their sex instinct develops early—that instinct which is not impure, is not pure, but natural —and we are left to gather our knowledge from any source—no matter what. Can we wonder then that experiences follow, and habits are formed which in the future become a source of fret and conflict? Habits and experiences which seem to be in opposition to our ideal—the ideal which develops later.

We are slow to learn that life is a series of lessons—we are slow to understand that the past is our teacher—that there is nothing in it we have done which we cannot face fairly and squarely, learning our lesson—that this past does not stand in the way of the future, but it does point the road to self-knowledge and to a better self-management.

Self-knowledge.—Biologically, fundamentally, we are male and female, which means, of course, the presence of sex instinct, mating instinct, and reproduction, our greatest function.

Our sex instinct, as I have said before, is not impure, it is not pure, but natural. Like all other instincts, it belongs to us from the earliest period and is part of our physical make-up.

It is at varying ages that it manifests itself in restlessness, moods, vague longings, dreams, desires; the call is in us all for sex satisfaction, for marriage, and so strong is this force back of our moods, that lack of knowledge of what it is, of what it means to us is full of danger. Danger from others (the white-slave traffic)—danger from ourselves in not realizing that an endeavor to get satisfaction out of life—not naturally—but by gratifying the erotic in an unwise way by sensuous flirting and dreaming, we can overstimulate this sex side of our nature, to the exclusion

of healthy all-round developing interests, to the lowering of our ideals, the ideals which demand of each her best in order that she may give to life the most. Just such ways of finding satisfaction are frequently followed by a nervous reaction in which self-control is disturbed, emotional outbreaks occur, and nervous symptoms develop, all of which has to be traced to its source and properly adjusted before the balance is once more made true. It is to avoid such conditions that we must have knowledge, we must have understanding of our sex nature, and with this, our general make-up is no longer a sealed book to us, the motives which prompt our lives are clearer, and the management of them no longer a haphazard affair.

Environment.—In congenial marriage and in motherhood, our instincts are satisfied, our special functions fulfilled, and the primal force of our nature has an outlet in the duties which belong to this relationship. Add to this the keeping in touch with outside interests, as far as possible, and we have a life well rounded out, well developed. But all do not marry, all marriages are not satisfactory and, in the make-up of each one of us, back of our motives, back of our activities, is our sex instinct.

In our often unreasoning effort at self-government we endeavor to find outlets for our restlessness. We assume responsibilities,—the systematic care of the poor, the adoption of a child, perhaps. We devote our energies to a cause, socialism, suffrage; to a profession, law, medicine, but what we do not realize is that activities, selected without due consideration of the motive which prompts us, may finally express themselves in fads, peculiarities, eccentricities, fanaticism, all manifestation of our mismanagement of this force of our make-up, and often a substitute for it.

As a race we are gregarious. Our fathers gathered together in hamlets, in villages, in towns, in cities, instinctively, because man felt the need of his neighbor, of his neighbor's interests; he was getting away from solitude, from himself. But we have learned to be solitary in the midst of many. We produce the only child, the exclusive family. In our solitude, in our

lack of outside interests, habits and peculiarities are formed and because there is no supervision, no instruction, no knowledge, these habits and peculiarities assume a tremendous importance out of all proportion to their simple, natural beginning, and normal development becomes abnormal, progress is blocked, interest in all self-centered, and the ideal is lost.

We must have knowledge of our physical and mental make-up, that we may be sure of our foundation, know our needs, strengthen our weaknesses, and guide our strength. It is absolutely necessary if we are to rise to our highest level.

That this understanding and knowledge can be productive of satisfactory results is evidenced by the fact that our patient is once more among the world's workers, independent, self-reliant, helpful, and it augurs well for the future that she herself considers her success to be the outcome of her understanding of her make-up and of her own self-management.

DAYDREAMS AND THINKING

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I have considerable hesitation in knowing just how to begin a talk of this kind,—Daydreams and Thinking; and if I permit myself to plunge directly into the subject to tell you what daydreams are, and what thinking is, I fear that I shall miss an opportunity. If you will bear with me a few moments, so that I may take a running start, as it were, I promise later to return to the question of what constitutes daydreams and thinking. But in order to get that start, I have to take you a long way back. I trust that I shall not follow the typical Germanic method of laying down so much foundation that I shall get no superstructure, or have no time for it.

I have been looking over this program, and I have no doubt that many of you have listened, and will listen, to a number of the various addresses; but it seems to me that the subject that we have this afternoon,—namely, the mental aspect, the psychological aspect of the mental hygiene movement is the most important; for, after all, much of the dissatisfaction of life, the unhappiness in life, that which leads to daydreams of many sorts is due to an improper psychological attitude toward one's environment, towards the real life that is about us.

Then again we should consider that many of the things producing mental deterioration, mental breakdown, and which are termed physical, are, after all, mental. For instance, writ large in the book of mental diseases, showing large in the charts in the exhibit in the hall downstairs, one finds an enormous percentage of mental breakdowns due to alcoholism. Alcoholism is preeminently a mental problem, for behind the alcoholic lies his human soul. Alcoholic drinks were manufactured by man for

other purposes than merely making money; man drinks because he can thereby escape from the realities of life that are too hard for him to bear. Thus the reason why he drinks to the state of becoming narcotized, so as to become mentally diseased, is, after all, due to mental factors.

Next largest, perhaps, in that scale of mental disorders, of mental distress, of mental deterioration, we find such a disease as syphilis. Syphilis is one of the worst scourges known to mankind. It looks on the surface as though it were a physical problem. It is not. It is a mental problem. It is a very profound mental problem; it strikes at the very root of society; it strikes at the very root of the most profound mental problem that we have in our society,—namely prostitution. So with alcoholism, syphilis,—and I might enumerate a number of other situations which apparently are physical causes for mental breakdown but which after all are nothing more nor less than the most fundamental expression of the mental problem that we have before us, namely, What is it that makes people happy? What is it that makes them unhappy, and how do these factors express themselves in their mental attitudes towards the living of life?

I look upon this meeting and this series of addresses as of intense importance, because if they will only serve to accentuate the importance of the mental factors in life, they will have gone a long way toward making us better mental machines, towards raising us to a higher level of mental adaptation. It will not be necessary for me to go over the old saws, that right thinking makes right living, and that a happy life is due to happy thinking. These are good guides; but it is very essential that we shall get, if you will, a proper philosophy of life, a guiding principle that will work. You all know Mr. Dooley's celebrated definition of pragmatism. "Pragmatism," said Mr. Dooley, "is truth," and "Truth is truth," he says, "when it works." And so I wish in this brief time that I have this afternoon to give you some guiding principle which can be applied to our particular problem,—namely, daydreams and thinking,—a truth that will work.

In order to do this I must again go back a moment. I must bring before your minds rather rapidly just a few fundamental, elementary, physiological ideas. I must ask you to consider for a moment what this nervous system of ours is made for. I may ask you later to consider some of the details in its making. But now I shall simply ask you to consider what are the functions it subserves? I think most of you at first glance will see that our nervous system does preeminently just two things. In the first place it enables the different parts of our body to adjust themselves the one to the other, so that if I care to drink a glass of water, I can perform the proper preliminaries, make the proper motions, adjust the proper activities, and finally swallow the water properly. Any disturbance in these adjustments constitutes what we call a nervous disease. But this is only one of the functions of the nervous system, and really a very restricted one. Man is a social animal. He reaches out into all of the world; he reaches out into all time. Thus we find that the most important function of man's nervous system is to bring him into adaptation with his social surroundings, to his fellow-beings, to be, in other words, fit to live with somebody else.

It is not an uncommon night dream, even a daydream, with many people to wish themselves on a desert island. Robinson Crusoe is a daydream of that kind. The Swiss Family Robinson is another, and we enjoy these daydreams because they withdraw us from our fellows. They give us a few hours respite, as it were. It would be very enjoyable to be on a desert island all alone and not be compelled to live with other people; thus our night dream symbolically represents how good it would be if the world were different; if things were really not real after all; if the society in which we were placed and to whom we must conform could be eliminated, and we could live on a desert isle, free from all the hampering don'ts which have hedged us about as long as we can remember. This second function of the nervous system, this process of adaptation to society, manifests itself along two main trends. It is very, very convenient that the formulæ are so elemental, because, as you watch men's

activities, the man of the present age, the man of twenty years ago, of the middle ages, even to the time of the Pharaohs, to the post-Babylonian period, we find that the sum-total of those activities which we call mental are occupying themselves only with two problems. They are occupying themselves with the problem of feeding and with the problem of reproduction. These forces are the only two forces that we have to consider. Everything in life, rich as it is, poor as it is, running over with joy and activity, subdued under trouble or adversity, teeming with happiness or filled with unhappiness is nothing more or less than our mental attitudes to these two fundamental situations.

Now, can we in any way shape the manner, formulate some sort of a working hypothesis that will serve to explain just what the human mind is doing in its endeavor to carry out a working-solution of these two motives? Can we, in other words, devise a philosophy? Can we give something that works?

I shall invite your attention for just a few moments to a point of view. It is not a new point of view. There is nothing new under the sun. All the old truths remain more or less true. But if I can place in a slightly different angle, for the sake of the particular problem that we have to handle,—namely, how to handle our own lives, how we are to manage our daydreams and our thinking, then I shall have accomplished my purpose. This viewpoint concerns itself with the joy of life, with the living of life, with the stream of life; which in its fundamental capacities consists of the nutritive impulses, and the impulses of reproduction. We will give a term to these two forces. We will handle these two forces for our purposes—for the sake of our hypothesis—as something unitary and very definite. Other people have done so. Socrates tried it; Plato has done it; all the philosophers have had a term to signify the energy of life. Schopenhauer called it will; we shall simply use another term, one that is historically very old, and used by Cicero, and by the Latin poets,—namely, the term "libido."

Let us consider this libido as the sum of the vital activities of living, as something very tangible, as something strictly real.

As you all know, life is rather real, after all. And we must consider it, it seems to me, just as the physicist considers energy: that it is constantly operative; that it never ceases to be in operation; that it cannot be killed in any way, shape, or manner. And this mental libido that I am going to talk about is something that we have to consider in absolutely the same way, as something ponderable.

I state the formula that when our libido is flowing forward; is progressive, producing, and creative, then happiness is the result; when, on the other hand, we find that there is unhappiness, disappointment, and nervousness apart from actual physical disease, we can say: Where has it gone? Where is the energy? What has happened to it? Can it be traced? If so, how? What can be done with it?

This is the formula I wish you to apply, because if we have secret sorrows; if we have open breaks; if we have disappointments; if we have daydreams; if we have thinking, it is all nothing more nor less than this libido stream either going one way or going another. It is progressive, or it is regressive; it is to be found in creative energy, physical or spiritual, or it is to be found in retrospective or infantile fantasy. I ask your close attention as we now approach nearer the goal of our subject. I have spoken of the creative, forward, progressive manifestation of the libido. I have spoken of the regressive, backward flow of the libido. The one that makes for mental health, the other that produces mental disorders, mild or severe.

It might be pertinent just at this point to see just where we are in our hypothesis. Are we all alone in a psychological mare's nest, or are the principles laid down running parallel to other lines of thought activity? The latter is true, for looking about us we are finding that a new history is being written. We are finding a new type of biology being written. We are finding absolutely all of the ideas that we have in relation to all the manifestations of life trying to be understood from a new point of view. Everywhere we see the search for an animating, dynamic principle behind everything. History is no longer inter-

ested in what John did, nor what Will did, whether he was conqueror, whether he was emperor, whether someone was stabbed in the back, or someone stole more money; whether a new subdivision of land was made,—that is not history; that is anecdote. The newer history is dealing with the dynamic forces of culture and of civilization. Look where we will, we see throughout all human mental activity the same ferment working, and our purpose this afternoon is to see if we can get the ferment working in the mental sphere; if the hypothesis is pertinent to our inquiry. Does it throw any light upon the questions of daydreams and thinking, and their relation to mental hygiene? Before I go any further I would call your attention to a passage in Bergson's "Creative Evolution." I have spoken of the activity of the regressive libido and its share in activating the past. This activity serves to bring into relief just what this past of ours is. It lays stress upon the things that become unconscious. Bergson says "that the psychical life is made up of that which time brings." There is, moreover, no stuff more resistant or more substantial than this "time stuff." For our duration as human beings is not merely one incident replacing another; if it were there would never be anything but the present, no prolonging of the past into the actual, no evolution, no concrete duration. Duration is the continuous progress of the past which gnaws into the future, and which swells as it advances. And as the past grows without ceasing, so also there is no limit to its preservation. Memory is not a faculty of putting away recollections in a drawer, or of inscribing them in a register. There is no register, no drawer; there is not even, properly speaking, a faculty, for a faculty works intermittently, when it will, or when it can, whilst the piling up of the past upon the past goes on without relaxation. In reality the past is preserved by itself automatically in its entirety. It follows us at every instant; all we have felt, thought, willed from our earliest infancy is there, leaning over the present which is about to join it, pressing against the portals of consciousness that would fain leave it outside. The cerebral mechanism is

arranged just so as to drive back into the unconscious almost the whole of the past, and to admit beyond the threshold only that which can cast light on the present situation or further the action now being prepared—in short, only that which can give useful work." *That is the definition of thinking.* "At the most, a few superfluous recollections may succeed in smuggling themselves through the half-open door. These memories, messengers from the unconscious, remind us of what we are dragging behind us unawares. But though we have no distinct idea of it, we feel vaguely that our past remains present to us. What are we, in fact; what is our character, if not the condensation of the history that we have lived from our birth? "Doubtless we think of only a small part of our past, but it is with our entire past, including the original bent of our soul, that we desire, will, and act."

In other words, this entire past is nothing more or less than the expression of this libido; the expression of this psychological force, that which is being applied to purposeful, creative things, is thinking; thinking in words, which are, as you know, of comparatively recent origin; which are, as you know, nothing more or less than symbols for things, so that the human mind can juggle with these various objects with more facility and direct the thinking for creative, purposeful, forward work. Such creative work is a result of the progressive flow of our libido, whereas the minute the flow stops the energy regresses, picks up the past, and then we pass into fantasy.

In the first place fantasy deals with our past; the past made up of memories of being taken care of. Those things which we assume to be subversive of the nutritive instincts of life we summarize under the broad general term of laziness, indolence. I have picked from Rochefoucauld just a short appreciation of what indolence is, and we shall try to explain just what it means in terms of the libido.

"Of all the passions, that which is the least known to ourselves is indolence. It is the most ardent and the most malignant

of all. Even though its violence may be unfelt and the harm that it causes may be hidden, if we would consider its power attentively, we would see that it remains master of our feelings, our interests, and our pleasures. It is the whirlpool which has the power to engulf the greatest vessels.

"The repose of indolence is a secret charm of the soul which suddenly suspends the most ardent pursuits and the most reasonable resolutions;

"To give, finally, the true idea of this passion, it is to be said that indolence is like a beatitude of the soul which consoles it for all its losses, and which takes the place of all its goods."

Now, how does such a definition of indolence apply itself to the libido theory, and why has it anything to do with the subject of daydreams?

Those of you who have studied chemistry will remember that nitrogen, when combined with other elements, forms the most persistent and strongest of all combinations. These nitrogen combinations are broken up with the greatest of difficulty; but the minute that a nitrogen compound is split apart a tremendous explosion is created. Now, in the terms of the libido, the minute the individual is set free from combination,—in other words, from his mother in the act of birth,—there is a tremendous explosion. It requires an immense amount of energy to produce a living thing, and that living thing is going to hang to its mother for all it is worth. How such combinations cling to the parent body one may see when one looks at the trees. Think of the giant sequoias of California, for instance, which live thousands and thousands of years. Here one sees child after child hanging to its mother and incapable of independent existence—a branch severed from the parent stem dies; thus the libido theory says that laziness is nothing more than hanging on to the family tree, not being able to get away from the family nest. Those very sensitive children, those children who raise such a terrible howl when taken away from the nipple, who can't give up the bottle for three, four, or five years, who stick their fingers in their mouth and are thumb suckers,

all show what? These children who cannot get away from the family tree, from the mother, these are children whose laziness and indolence can well be understood. Their fancies and daydreams are constantly concerned with the nest, with home, with father, with brother, with self, with mother or sister. These children, unable to live an independent life of their own, unable to project their libido into the future, hang on to the house, hang on to the home, hang on to the mother, and laziness is born through that particular type of non-utilization of the forward progressive libido. This is a definition of laziness in terms of our working hypothesis.

Let me say one word about daydreaming, because I have said the word I wanted to say about thinking.

Dreaming represents one extreme; thinking the other, and in the peculiar mixture of dreams and thinking we have the phenomenon of half-living or half-performance known as daydreaming. So let us see what dreaming is first before we see what daydreaming is. I don't think that my formula will account for all the facts of dreaming, but still I think it may interest you for a moment to look at what dreaming is.

One very significant fact is that people have believed in dreams ever since we know anything at all about people. When we find beliefs of that nature we may make up our minds that there is something in them. They may not be true, viewed as different people have viewed them, because one finds all kinds of interpretations of dreams, but behind the belief there may lie psychological truth. That psychological truth I wish to explain.

The psychological truth of which I have spoken says this,—that dreaming is a primitive kind of thinking; dreaming is a mode of solving problems. It is a mode elaborated in the remote past. Just as our individual characters are condensations of all the things that we have lived through, just as our psychological development, as well as our biological development, reposes on a historical past, which historical past goes back as far as we know anything about human kind and human culture; so every individual in his psychological development has the necessity of

living through all of the different stages of cultural advance. In our dreaming we are nothing more or less than primitive people. We, in our night life, live through the history of our race development; as primitive people we think in pictures, and we think certain kinds of pictures. All of these pictures have behind them certain symbolic significance; it is not uniform, 'tis true; it does not mean that if one person dreams a certain symbol and another person utilizes a similar symbol in his dream that the two are thinking, or dream thinking about the same thing. They are thinking about things that have common roots. Thus an original symbolization, an original type of symbol-thinking is found in every dream. And so, when one would attempt to understand one's personality; if one wishes to know anything at all about one's historical past; if one wants to know anything about the various stages through which we have evolved psychologically; if one desires to see the precipitated soul conflicts expressed in their simplest terms, one must pay attention to people's night dreams. Let me give you an example. It gives me an opportunity to contrast an ancient with a modern way of interpretation, and at the same time indicate what the dream means to the dreamer.

Alexander the Great dreamed—as all people dream and dream continuously, but forget half their dreams on awakening—he dreamed that he saw a satyr, and the satyr was dancing on a shield. It was a short dream. He woke the next morning much troubled in mind. As some of you may remember, Alexander at this time was besieging the city of Tyre (Thyros). He had been besieging the city of Thyros for over a year. He was sick and tired of it and there seemed to be no chance to capture this city. He had about made up his mind to give the thing up and go home when he dreamed this dream. In those days they had soothsayers, dream interpreters, you know; and so he sent for one. His name is known; the dream is known. Many dreams of many historical personages are to be found in literature. And so this dream interpreter was called in to give Alexander the interpretation of the dream.

Let me interrupt my story right here. Let us consider on the one hand the way a modern interpreter, utilizing the libido theory, might interpret this dream, and let us by way of contrast see just exactly what Alexander's interpreter said about the dream.

In order to interpret any dream; in order to interpret any thought; in order that you should understand what I am saying now, you must have some knowledge of the things that lie behind my words. One of the reasons why some will understand more than others; why no two people in the room will have the same opinion of what I am saying is because we all have different ideas of the things which lie behind the word symbols of thought. Thus it is quite necessary in order to interpret a dream that one must have some knowledge of the symbolism that lies behind the words. Let us turn then to that symbolism.

In the first place we must ask, what did dancing mean to the people in Alexander's day? It meant Happiness. When people were at war in those days they all lived in fortified towns; they could not go out and dance and gambol and live in the country, and so the dancing satyr was a symbol of the country. It was a symbol of peace, and peace was triumphant over the shield—dance on the shield, i.e., peace was triumphant over war. The modern interpreter would therefore say that Alexander was sick and tired of this war. His wish was to go home. He wanted to have the thing all over, so that he and his people could go back to the country and stop this war business.

But what was his dream-interpreter's answer? He said, "Alexander, Thyros is thine." That was his explanation to Alexander. What did he mean by it, and how did he come by it? He came to it by a very simple little play upon words. "Sathyros" is the Greek of "satyr." It is a combination of the words, sa, thine, and thyros, Tyre. Therefore, Thine is Thyros. "Tyre must be taken and will become thine." In other words, the ambition of the man who had no other worlds to conquer would not be satisfied until he had taken Tyre, and his uncon-

scious soul urged him that he had to take Tyre or else not live his life.

This is a point of view that we find is valid in the interpretation of our dreams. The dream life represents the very essence of our being. It is understood only by one versed in symbolism.

Passing to the question of daydreams, I refer to a short story taken from Anatole France, from a recent study by Dr. Jung of Zurich, that will illustrate how the daydream also leads us to our unconscious, and hence its importance, its value, and also its dangers. Anatole France wrote in one of his books concerning a certain Abbé Oegger. This pious priest was a very conscientious, hypercritical man, given much to daydreaming, especially in regard to one question; namely, the fate of Judas; whether he was really damned to everlasting hell punishment as the teaching of the church asserts or whether God had pardoned him. Oegger set forth the view that God in all his wisdom had chosen Judas as his instrument in order to bring about in high relief the work of redemption by Christ. Without the help of this necessary instrument, i.e., Judas, the human race would not have a share in salvation, and therefore he could not be damned forever by the good God. In order to put an end to his doubts Oegger went to church one evening and made a supplication for a sign that Judas was saved. Then he felt a heavenly touch upon his shoulder,—what the medical man might call a hallucination, or what is often called an inspiration in daydreams. Another time Oegger told the archbishop of his resolution to go out in the world to preach God's never-ending mercy.

Here we see a richly developed fantasy system. It is concerned with the difficult and always debatable question as to whether the legendary figure of Judas is damned or not. The legendary figure of Judas is something that is referred to all the time. The act on which the legend is based, namely, the malicious betrayal of Christ, therefore becomes very pertinent.

This is the type of material with which some of our daydreams are dealing. The general formula may be applied gen-

erally to mythical traditions. They do not set forth our account of old events, but rather reveal thoughts common to humanity, but rejuvenated. But why does our pious abbé let himself be upset by the old Judas legend? Why do we have these day-dreams? What lies behind them? What lay behind his fantasy about Judas?

He, too, went into the world to preach and speak of mercy. But some time later he separated himself from the Catholic Church and became a Swedenborgian. Now we commence to understand his Judas fantasy; he, himself, became the Judas who betrayed his master; therefore, he must first of all make sure of the divine mercy for himself in order to be a Judas in peace. And so, in much of our fantasy we must get into a situation which will permit us to carry out certain kinds of deeds. We must find our justification beforehand, and how much justification we do find for many of the things we do in fantasy.

This general case throws light upon the mechanism of fantasy-thinking in general. The unconscious fantasy may be concerned with mythical or very material things. It is not to be taken seriously in its own terms. It has an indirect meaning. If we really wish to know what is behind it and to see how the fantasy can be interpreted in terms of the two trends of the libido of which I have spoken,—in terms of the nutritive or in terms of the reproductive impulses,—we must find the symbolic interpretation.

As may be readily understood, the fantasy may deal with a tendency, the acknowledgment of which one refuses to make and which one would treat as non-existent, as not in accord with one's conscious character. Such fantasies are with images which are considered immoral and are considered as impossible. The strongest resistances are felt towards bringing them into consciousness. What would the abbé have said had he been told, confidentially, that he was preparing himself for the Judas rôle? How bitterly do we all resent being told certain things about ourselves. The things which in our fantasy we would reveal, we would conceal from ourselves; but the fantasies must work with

and for good purposes, as we shall see in a moment. What is it, which in antiquity, lay widespread on the surface,—namely, immorality, in all its various manifestations? Therefore, we dare not wonder in the least when we find such problems at the base of almost all our fantasies, even if the fancy images have a totally different appearance. Because Oegger found the damnation of Judas incompatible with God's greatness he brought about the conflict in that way; that is, the conscious sequence. Because Oegger unconsciously wished himself to be a Judas he first made sure of the goodness of God for himself. He was the victim of his own unconscious fantasy, and he made use of this symbol in order to be able to carry out his unconscious wish. The direct coming into consciousness of the Judas wish would have been indeed too painful to him. And just in this same manner we clothe our unconscious wishes in our daydream fantasies. They nearly always represent regression or turning back of our energy.

Just one word in closing. The question is, What use is going to be made of this life energy which we so lavishly waste in our own daydreams? What is the use that one is going to make of this energy, this libido, with which we are all born? Shall it go forward in creative, productive work, or shall it be permitted to regress, to go back to that reminiscent past of ours, to which I referred in reading Bergson's striking lines. For the energy of life, like physical energy, is indestructible. We cannot cause it to vanish, and when turned upon ourselves, it catches hold of our infantile fantasies, giving them a value not consistent with our well-being. Such a regressive energy leads us past daydreams and futile wishes back to invalidism. Even to the arms of the mother, i.e., mother earth—the grave.

In this journey called life, which starts with the greatest of indolence, with the greatest of difficulty in getting away from the mother, which little by little acquires purpose and interest in the living, we find that if the libido is flowing, if life's practical problems are being solved, then the world of reality is being faced. But when one does not wish to see the world of

reality, when one would change the real face of things, then fantasy becomes the nesting place of the libido, and fantasy-thinking would lead us away from reality into a world of wishes, of fairy tales, back to the nursery. Fantasy, therefore,—day-dreams,—means for the most part that one is not really using a progressive libido to do directed, purposeful thinking. Day-dreams are regressive picnics back to the playground of children, to the infantile stages of our development. And what are the infantile stages of our being? If you will remember what I read from Bergson, it may be something that was lived through last year; it may be the loss of a husband, the loss of a father, the loss of a fortune, a hurt, a disappointment, something in the past, some reminiscence, something of real life that has had to be faced as a reality, that may become the subject of a regressive fantasy formation. "Oh, if it had only been different!" But it is not different, and when it is not different, when we see life as it is, when we square our shoulders, bear the burden, looking forward, not backward, then the progressive libido carries us forward, happy, strong, and well.

64 W. 56th St.,
N.Y.

OPENING ADDRESS

Prof. George F. Canfield

Ladies and Gentlemen:

The Hon. Joseph H. Choate, President of the State Charities Aid Association, was to have presided on this occasion, but being, to his regret, prevented from appearing, I was asked, not to take his place—to fill it—but to rattle around in it for a few minutes. When I accepted the honor, I stipulated that I should not be put down for an opening address, but notwithstanding that stipulation, you see, from the programme, that the opening address is advertised as usual. I suppose, however, the promises of a programme of this sort are not any more binding than those of the old political platform, and now that I am installed in office and in possession of its power and privileges, I suppose I should not be seriously violating old American precedent if I paid no regard to the promise. Moreover, I have already had an opportunity of speaking from this platform. I spoke here last week. In other words, I have already enjoyed my first term.

It has been suggested that a peculiarly fitting time for a conference and exhibit on insanity is immediately following a long presidential campaign and primary contest, during which we Americans, in the heat of our partisanships, acquire the habit of entertaining grave suspicions as to the mental soundness of our neighbors. But after all is over, what a holy calm descends upon this fair land of ours—a calm so conducive to more kindly and generous sentiments about our neighbors. Again we recognize our neighbor as a fellow-citizen and brother, with the same virtues, the same wants and needs, the same purposes and hopes as our own. We realize also that the old grave social problems are still with us, such a problem as this of insanity; that these are not dependent upon the issue of any one campaign and not to be de-

termined by the verdict of any one election; that they are to be settled by long-continued efforts, by patient deliberation, and by the cooperation of all the forces of society; and, finally, we recover from that delusion that one-half of the population of our country is bent upon destroying its institutions and its prosperity, and that the other half is the exclusive absorbent and guardian of its patriotism and virtue. It is again easier to believe, and it is pleasanter to believe, that the vast majority of our citizens all desire and seek to promote the public welfare. Even the socialist, although openly and frankly, and, therefore, honestly opposed to our institutions, is so opposed because he believes that those institutions themselves are opposed to the general welfare, and if we differ with him, as I do, that is no reason why we should question the honesty of his purpose or the sincerity of his convictions.

Having wandered now so far afield, I feel disposed to go a step further. One of the privileges of the office of presiding chairman of a meeting of this sort is that he is not subject to any higher power, except possibly that latent power which exists in all democracies,—the power of control which may be exercised by the audience by its manifestations of disapproval.

What I wanted to say, is simply this; it will take but a few moments. In recent times it has become the habit, the fashion, I might say, not only on the part of seekers of political office but also on the part of sociologists and disinterested citizens, philosophers, and friends of the American people, to advocate their policies and reforms by intimating that existing social conditions, although they may not be exactly the same, are nevertheless analogous or similar to those which preceded the French Revolution, and by further suggesting, that unless their policies and reforms are adopted, such a revolution will come in this country.

Now, all this in my opinion is absolutely unjustified in point of fact, and is absolutely pernicious in its influences. The conservative progressive, as well as the radical progressive,—and these two groups I believe comprise fully nine-tenths of the population of our country,—both recognize that existing social condi-

tions are not what they should be, and that every effort should be made to better them. But the conservative progressive, unlike the radical progressive, recognizes that such efforts are being made. He derives inspiration and encouragement from just such movements as this mental hygiene movement and all the other movements of our time which are carried on by means of the sane and effective methods of popular education, and he does not believe—he cannot believe—that the American people must be dragooned into seeing the right and doing justice under the threat of the red hand of violence. I am speaking, of course, of revolution as implying force, but this like many other words in the English language has more than one meaning. I was reminded of that not long ago, when I was in Boston and overheard a conversation on the subject of poetry between two young ladies, one the member of a Browning Club, the other perhaps a little less finely trained, a little more robust and spontaneous, and the latter summed up her opinion on the question by saying, "For *pure* poetry give me Byron."

Now, if we may use the word revolution in the sense simply of involving or implying fundamental change without violence, in that sense those who are interested in this mental hygiene movement are justified in saying, not that unless this movement succeeds there will be a revolution, but they are justified in saying that if this movement does succeed there will be a revolution,—a revolution in respect to lifting a heavy financial burden from the backs of the more fortunate and thrifty members of society, a revolution in increasing the physical vigor and mental power of the nation, and finally, a revolution in increasing the contentment and happiness of its people.

You will have the pleasure of hearing, as the first speaker, a United States official. The State Charities Aid Association has always taken a kindly interest in the public official, in the official who is charged with the duty of administering laws. The Association believes that the administration of law is quite as important a thing for a democracy as the enactment of law. The official whom you are to hear is the Hon. William Williams,

United States Commissioner at Ellis Island, charged with the very responsible duty of administering the immigration laws of the United States. There he stands at the gateway of this great nation, sharing with the Goddess of Liberty the honors of the reception accorded to the newly arrived immigrant. She, with true feminine enthusiasm and sympathy, beckons them all to come on, confident with the light of her torch of being able to illumine them. The Commissioner, however, has to turn some of them back, but the Goddess stands aloft, alone and isolated, on a pedestal, and she cannot see all that the Commissioner sees; and what he sees, always being on the level, suggests to him the absolute necessity of turning them back, and who will say that this nation is not justified in turning back all those whose minds are so darkened with the shadow of mental derangement that there is no hope of the light of that torch ever penetrating their dark recesses?

IMMIGRATION AND INSANITY

ADDRESS OF WILLIAM WILLIAMS, U. S. COMMISSIONER OF IMMIGRATION

The importance of the medical side of the work of the immigration authorities is but little understood. It is performed with the aid of medical officers of the U. S. Public Health Service who are expected to detect and report to the immigration authorities all diseases, physical and mental, that immigrants may bring, excepting only the few which come under the jurisdiction of the quarantine authorities, such as cholera, yellow fever, smallpox, typhus fever, leprosy, and the plague. Of the numerous other contagious and loathsome diseases the immigration authorities alone have jurisdiction. In addition they are enjoined to exclude idiots, imbeciles, feeble-minded persons, insane persons, and epileptics, and they must also determine who are suffering from any physical or mental defect which may affect ability to earn a living. That is a large list of medical duties. I shall refer tonight only to the detection of the mental diseases with which immigrants may be afflicted and shall show how inadequate are the ways and means which Congress has provided therefor. I am one of those who believe that the legislature does only half its duty when it enacts a good law. The other half is to furnish adequate machinery and ways and means for its execution, without which the law accomplishes only a part of its purpose and is there to perplex executive officials whose sworn duty and desire it is to execute it.

Immigration to this country is at a very heavy rate. In round numbers it has during each of the past ten years averaged 900,000 annually, and the great bulk of it has been through Ellis Island. Only last month there arrived at New York over 80,000 aliens,

an average of nearly 2,600 a day. Nor are the arrivals evenly distributed over the days of the month, on the contrary there arrive sometimes for several days in succession 4,000 or 5,000 a day. A great many of these people come from the poorer classes of the poorer countries of Europe. Their general physical condition is often far from good and their ignorance beyond belief. Not only are many illiterate, but many do not know the days of the week, the months of the year, their ages, or any country in Europe outside of their own. These people speak many strange tongues and dialects, and interpreters familiar with approximately forty are necessary to enable the Government authorities to converse with them. A number of those who are undesirable additions to our population are nevertheless admissible under the low requirements of existing law. Obviously the task of picking out from amongst this heterogeneous mass those suffering from any mental disability is a gigantic one. It would be impossible of complete performance even if the medical staff were in size what it should be. But Ellis Island has to transact its heavy business with the instrumentalities and facilities which Congress provides. It has in all 650 officials. Of these about 130 belong to the Public Health Service, which number includes all medical officers (doctors), hospital attendants, and nurses. The medical officers number only 21, far too few, for they have to perform a multitude of duties in relation both to the inspection of the masses of immigrants who arrive and the care of those detained in the Ellis Island hospitals for sickness, such sick numbering at times several hundred.

The process of medical inspection is roughly this: Each immigrant passes before two medical officers who rapidly look him over with a trained eye and set aside for special examination all who bear any indications of physical or mental defects. Those so set aside are, for the purposes of mental examination, subjected to well systematized test questions which the medical officers have evolved from their own special experience, and they apply also such recent modern and scientific methods as those worked out by Binet-Simon, Fernald, Goddard, and others. All

such special cases, of which last year there were about 5,000, are gone into very thoroughly and are often detained eight days, or longer, for mental observation. But not enough cases are thus set aside, because the medical officers are compelled to work too quickly and lack the requisite number of interpreters to enable them to converse with each immigrant as he goes by. Furthermore, the space at Ellis Island available for the observation of immigrants suspected to be suffering from mental defects is too small.

The statute which excludes mentally defective immigrants is one of police and public security, enacted to protect the whole country against a great danger, and executive officers should not lack any of the means necessary to give it full effect. Above all, funds should be provided for an adequate number of medical officers, probably three times as many as now serve. The Commissioner of Immigration at New York has frequently called attention to these matters, most of them obvious, and it can be safely said that the principal reason why more mentally defective aliens are not held upon arrival is because Congress has failed to provide the necessary machinery therefor. Not only are the services of many additional medical officers required at all immigrant stations, but such officers should also be placed on board all transatlantic steamers. This cannot be done without the sanction of Congress. It has been twice recommended. Time and opportunity for observation are needed to discover most mental defects, many of which are latent, and such time and opportunity would be afforded by the voyage. Some insane immigrants now pass through Ellis Island during intervals of lucidity. During the voyage at least some of these cases would be detected.

The mental examination of aliens upon arrival should be made as thorough and perfect as possible. But no matter how well it be conducted, still it will never be possible thus to pick out all of the immigrants who after residing in this country will exhibit mental defects. Some come with hidden psychopathic tendencies which may not manifest themselves till later. In some the outbreak of insanity after arrival is due to heredity, concern-

ing which the laws do not require that the government authorities be informed. In still other cases the new surroundings coupled with failure to succeed here may bring about mental derangement. Children under five present, as respects feeble-mindedness, a peculiar problem, for while idiocy and imbecility can usually be recognized even in infancy, yet feeble-mindedness is usually recognized only as the child approaches the school age. Many children under five come here, and it is probably correct to say that nothing short of an inquiry into their heredity will enable the Government to determine whether or not they are likely to grow up feeble-minded. There are to-day in the public schools of New York many children of immigrants who are feeble-minded or mentally backward, and one reason why they passed our medical officers is that they arrived very young. Congress has to a limited extent taken note of these matters by providing for the expulsion of certain classes of immigrants within three years of their arrival, namely, those who have entered either in violation of law or have become a public charge from "a cause existing prior to landing." Under this law the Government expels annually a great many who have once landed, last year about 2,800, many of them persons who had found their way to insane asylums. But here the statute itself is inadequate. Note the words "cause existing prior to landing." The Government meets frequent opposition (for instance, from the relatives of the insane person who may desire that the latter remain here at *public* expense) in its endeavor to secure proof that the real cause of insanity did exist prior to landing. It ought not to have to consider any such question. An alien who comes down with insanity and thus becomes a public charge should be deportable absolutely, or at any rate unless it can be affirmatively shown on his behalf that the cause arose *subsequent* to landing, and furthermore, the period within which this can be done should be five years instead of three.

There are a great many insane and otherwise mentally defective aliens in the country and many are entering every year. The authorities of several eastern States, particularly those of

New York, have complained bitterly of the burden thus cast upon various public institutions within the borders of these States. The natural impulse is to blame the medical examiners or the immigration authorities who let these aliens pass or fail to deport them. But let us be frank with each other. How many of the complainants address their complaints where they should be addressed, namely, to their representatives in Congress? And how many are there who come to the assistance of the immigration authorities when they appear before the appropriations committees at Washington to secure larger appropriations and better machinery for their immensely difficult work? Some few do. For instance, the New York Chamber of Commerce and twenty other Chambers of Commerce throughout the country last year passed and widely circulated resolutions based on what I had previously written on the subject of feeble-minded immigrants, and reminded Congress of its duty in the premises. But the only result thus far has been an increase of six in the number of medical officers, which increase is utterly inadequate. They still lack the assistance of a proper number of interpreters. Our request for additional space in which to hold for observation those suspected of being mentally defective has not been heeded. As Congress is about to meet again there will be another opportunity for those interested in these matters (and all should be interested) to make themselves heard.

As the public official immediately responsible for the proper conduct of immigration affairs at the great City of New York I wish no misunderstanding as to my attitude concerning the application of the law to mentally defective immigrants. It should be applied vigorously, no matter at what cost to the Government. Nowhere in this country is false economy more out of place than at Ellis Island; and in this connection let it be borne in mind that the Government annually collects over $3,000,000 in revenue through the head tax imposed upon immigrants who arrive at Ellis Island, which amount is greatly in excess of the sum appropriated for expenditures there. In so far as the law itself is inadequate it should be perfected, so that under a vigor-

ous and careful administration thereof it may be made to give our country the full protection it needs. The fact that mentally defective immigrants may become a burden upon the tax-payer is a relatively unimportant consideration. What is vitally important is that such persons contribute largely to the criminal classes and that they may leave feeble-minded descendants and so start vicious strains leading to misery and loss in future generations and influencing unfavorably the character and lives of hundreds of persons. I do not think there is a more important question before Congress to-day than that of ways and means to sift more carefully than is now possible the great stream of immigration that is flowing into this country, and no phase of that sifting is quite as important as that which concerns the detection of idiocy, insanity, imbecility, and feeble-mindedness.

CHAMBER OF COMMERCE OF THE STATE OF NEW YORK

At the monthly meeting of the Chamber of Commerce, held February 1, 1912, the following preamble and resolution, reported by the Committee on Foreign Commerce and the Revenue Laws, were unanimously adopted:

From the annual report for 1911 of the Commissioner of Immigration, Honorable William Williams, it appears that in spite of present safeguards, a number of feeble-minded immigrants are admitted to this country, and their children are found in the public schools of New York. Commissioner Williams in his report says:

"In my last annual report I dwelt at some length on the important legislation of 1907 which added to the excluded classes all persons suffering from any physical or mental defect which may affect their ability to earn a living, pointing out that this was wise, progressive legislation, but often difficult to execute under existing conditions. I am of the opinion that means should be found to give full effect to this excellent provision of law, which may be made to mean so much to the welfare of our country. I desire to add a few words on the subject of 'feeble-minded' immigrants. Our attention is from time to time called to the number of feeble-minded alien children in the public

schools of New York, many of whom have passed through Ellis Island. One reason why some are not excluded is, as pointed out in my last annual report, lack of time and facilities for thorough examination as to mental condition. Another is that while idiocy and imbecility can usually be recognized even in infancy, yet feeble-mindedness can rarely be discovered so early and is usually recognized only as the child approaches the school age. As to the children under five (and a great many such alien children come here) it is probably correct to say that nothing short of an inquiry into their heredity will enable the Government to determine whether or not they are feeble-minded, and since no such inquiry is now made, the law as to the exclusion of young feeble-minded children is virtually a dead letter and the Ellis Island authorities have not the means at their command to vitalize it. Not only is a feeble-minded person likely to become a charge upon the community but such an individual may leave feeble-minded descendants and so start a vicious strain that will lead to misery and loss in future generations and influence unfavorably the characters and lives of hundreds of persons. At a time when the subject of feeble-mindedness is becoming more and more important in civilized countries and the nature and the bearings of this taint are being carefully studied by scientists, the Government would seem called upon to make far greater efforts than it does to prevent the landing of feeble-minded immigrants."

Your Committee on Foreign Commerce and the Revenue Laws has given this important subject their thoughtful attention, and it recommends and moves the adoption of the following preamble and resolution:

WHEREAS, The federal statutes exclude the admission to the United States of all aliens " who are found to be and are certified by the examining surgeon as being mentally or physically defective, such mental or physical defect being of a nature which may affect the ability of such alien to earn a living "; and

WHEREAS, The Commissioner of Immigration at this port is without the proper machinery to enable him to detect all alien immigrants who are mentally or physically defective; and

WHEREAS, The failure to detect all such results in a heavy burden being placed upon the taxpayer; therefore be it

RESOLVED, That the Chamber of Commerce of the State of New York urges upon Congress the necessity of making adequate appropriations in order to enable the Commissioner of

Immigration to give the United States the protection it needs in the exclusion of feeble-minded immigrants by effective enforcement of the provisions of law.

A. BARTON HEPBURN,
President.

Attest:
SERENO S. PRATT,
Secretary.

New York, February 3, 1912.

MILLIONS FOR CARE AND CURE, NOTHING FOR PREVENTION

HOMER FOLKS

Secretary State Charities Aid Association

I am sure that no person can spend half an hour looking at the exhibit downstairs or attend any one of the series of meetings held during this week, without gaining a perfectly clear conviction that it is an imperative duty to undertake measures for the promotion of mental vigor, and that the prevention of mental disease rests upon somebody. The topic of my address is in substance—Upon whom does that duty rest?—and my answer is—It rests in the main squarely upon the shoulders of the State of New York.

These meetings and the exhibit which you examined downstairs represent largely the result of private initiative. The National Committee for Mental Hygiene and the Committee on Mental Hygiene of the State Charities Aid Association are each of them self-constituted bodies and supported by voluntary contributions. They are worthy of all credit and of all support, but measured against the task before the community, as demonstrated by that exhibit, they are wholly and absolutely unequal to the job.

It happens that the care of the insane has been taken over by the State to a much greater degree than almost any other public duty. If you have studied public administration, you must have been bewildered and discouraged ofttimes by the confusion of responsibility as between local administration and the State and the nation and private charities. One thing that delays a suitable development of care of the sick is that the duty of caring for the sick in hospitals does not rest squarely upon anybody's shoulders. It is participated in, in part, by private

benevolence, in part by the city, in part by other public authorities. The protection of health generally is in part carried on by the State, more largely by local authorities, and in part by private enterprise, and as a result we have not that clearly defined responsibility and that evenness and energy of action which are required.

Not so with the care of the insane. In 1890 there was passed a bill, establishing, with some supplementary legislation, an exclusively state system for the care and cure of the insane. Having had no part in the framing and passage of that measure, without immodesty I may say that my admiration for its operations increases with the years, and that having observed many departments of government at Albany and in New York, I know of no department of public administration which seems to me better organized,—more nearly adequate to its task, with higher professional standards, living up more nearly to those standards, than the State hospitals system. It is a Department of State in which each of us may take profound satisfaction, and yet while the State spends in round figures $8,000,000 per year for the housing, the care, and the cure of the insane, up to this moment it spends nothing for the protection of the people from insanity or mental disturbance. It spends nothing to protect itself from that expenditure of $8,000,000 per year.

That, at first sight, must seem an anomalous and an extraordinary fact. If one-half of all cases of insanity are preventable, and if it costs $8,000,000 per year to care for them, and if the State provides by taxation or other means that $8,000,000, why is it that it is not addressing itself with all energy and haste and efficiency to the task of prevention in pure self-protection?

The cause of that anomalous condition is not far to seek. The State engaged in the business of care and cure before prevention came into view. It was necessary to protect the community from the insane before the community began to think especially about the care or cure of the insane. In considerable degree institutions for the insane were means for the protection of the rest of us from the dangers arising from them—from their

presence in our midst. These great institutions, which have become highly organized, which are most skillfully managed, which are manned by the most competent physicians, are nevertheless in their great and essential features substantially isolated units apart from the main currents of life of the community, apart from the interests of philanthropy, apart from the great agencies of education, aloof from the great currents of public sentiment, receiving their patients out of the obscurity of the community at large, doing the best they can for them, returning them to an environment concerning which they have little knowledge.

Now, it seems to me perfectly obvious, that in the main the great task of directing the application of our precious and recently acquired knowledge of the causes of insanity, must rest upon those who are dealing with the subject every day and day by day. The immediate lines of progress are in the direction of bringing those great institutions, those marvels of efficiency and of professional skill and spirit, back into close touch with the entire community. Then the things they know will become known to all the men and women of the community; then their spirit and their knowledge in regard to the causes of insanity will become the spirit and the knowledge of all the medical profession; then the things that have become commonplace to them,—so commonplace that they forget that you and I do not know those things,—will equally become commonplace to all of us, and a part of the underlying basis of habits of which we were once conscious, but which have now become a part of those subconscious mental processes out of which our daily conduct springs.

The State then, first, purely as a matter of finance, purely as a matter of prudence, purely as a matter of maintaining its resources, should engage in the prevention of insanity. But there is another reason in my mind, indicating the State as the major factor in the situation in a successful preventive movement. One of the first things I learned in regard to the insane from the late Oscar Craig, then President of the State Board of Charities, was that in the common law the insane and children are the wards of the State, as the poor otherwise are not; that from time im-

memorial it has been the duty of the State to protect children and to protect the insane. I would, therefore, urge the State to begin preventive work in its capacity as the natural protector of childhood and of those suffering from mental disturbance. It is the guardian of such. But what would we think of a guardian who constantly spent his time and his means getting his ward out of trouble and giving no thought to keeping him from getting into trouble?

But I suggest that the State should undertake the preventive campaign for another reason, and that is because the State has great and far-reaching resources; it has wonderful organs of power and of perception and of influence, such as no private organization can command. If we can picture to ourselves the coordination or the combination and the centering of the various agencies of the State upon this problem, we can quickly see that it can accomplish more in a brief period than all forces put together.

In the first place, the State has its great Department of Education. Even education is being dragged out of its isolation in these days and taught to serve the community, and if what is stated upon those charts downstairs be true, then certainly it is proper for the State to use its educational resources and facilities to carry that knowledge to every person within the State.

Then, secondly, the State has a great Department of Health, and under that central State Department of Health there is in every city and in every town—there is for every square foot of territory within the State of New York—already a health officer, an army already enlisted, organized and drilled, ready to be turned by the State itself into the advance on this cause.

Then, the State has another great department, the Department of Excise. At the present moment the Excise Department is perhaps chiefly conspicuous for turning into the treasury of the State a good many million dollars per year. I want to suggest a complete reversal of policy on the part of the State in its conception of its duty in dealing with the excise question. The excise policy should be determined with full consideration of the

facts taught downstairs by this exhibit, and I wish the central authorities of the State would say to the Excise Department,—You bring me your ten or eleven million dollars a year, but see what you have done to thousands of my citizens.—I would like to suggest that the excise policy of the State be determined not by one Excise Commissioner, but by three,—the highest educational authority of the State, the highest health officer of the State, and the President of the State Hospital Commission.

Then, we have also a great Conservation Commission, with a wonderful series of public parks and reserves. What a time we have when we try to locate any institution of a benevolent character. In all the wide range of the State there is no place for a tuberculosis hospital; there is no place for a hospital for the insane. All we want is to get them out of sight where as few people as possible may see them, where we will not be reminded by their presence of these unpleasant facts of illness of body or of mind. I look forward to the day when the Conservation Department of the State will welcome these institutions of public beneficence, when they shall not be put where as few people as possible can see them, but where everybody can see them, and as often as possible, and whereby we shall all be educated as to the good that is being done and as to the good that remains to be done.

Then, the State has at its disposal, potentially, the great Police Departments of the localities. I covet for social benefit the potential influence of the police. Think what a wonderful effect upon public morals the Police Department might have, without a single change of statute, if it had the will to do, if it but had the social point of view. I would suggest, in fact, that instead of selecting policemen as we now do, we should establish an entirely different series of tests and qualifications. I would like to suggest in New York City that first they must be graduates of the City College or of some institution of equal standing; that second, they must have a post-graduate course in the School of Philanthropy, and lastly, as Dr. Southard suggested last night, the first two years in the School of Medicine. If we could have that great

army fortified with that knowledge and with their faces turned in the right direction, we could disband most of our societies with quarters in the Charities Building.

Some objections are offered to the State's undertaking this work of prevention. It is said the State tends to be traditional; the State tends to be a bit awkward. Well, that is true; so do the rest of us. I would risk a comparison of the administration of the State Hospitals Department to-day with that of any private business or any private philanthropy of comparable proportions, from the standpoint of progress, from the standpoint of efficiency, from the standpoint of professional spirit. It is interesting to see that in this series of meetings held in these halls this week, you have listened to a group of men selected by private organizations as being the most conspicuously fit to address such meetings, of the right spirit, attitude, and qualifications, and among them, of those who are at present officials of Nation, State, or City, are Commissioner Williams, Drs. May, Mabon, Cotton, Southard, Rosanoff, Neff, Salmon, Williams, Kirby, and Hoch, and of those who have been in the State service are to be added the names of Petersen, Meyer, and Russell, a fair majority of the eminent authorities, the most eminent authorities in America to-day, engaged in the work of the State or of the City in the care of the insane.

If the State knows enough to care for and to cure the insane, it knows enough to prevent insanity. If the State of Michigan and a number of other States are efficient enough to maintain State universities to teach every branch of learning, the State of New York is efficient enough and wise enough to teach the people of the State of New York what can be taught about mental hygiene.

RECENT PROGRESS AND FURTHER NEEDS IN THE RECOGNITION, EXAMINATION, AND COMMITMENT OF THE INSANE

WILLIAM L. RUSSELL, M.D.

Superintendent, Bloomingdale Hospital, White Plains, N. Y.

The need of detaining insane persons gave rise, as civilization advanced, to laws for regulating their detention, and to the establishment of places for their confinement and for such care as the standards of the period accorded them. The first object aimed at was the protection of society from the anti-social acts of the insane. The laws were simple. They were applied only in dealing with the more intractable cases and their application required only the services of the constable and the poormaster. The places in which the insane were confined were, as a rule, crude and the standards of care were scarcely as good as those now applied in the care of the worst criminals or of even the lower animals. With the advance of knowledge concerning insanity, the laws and the provision for the insane have been gradually, though slowly, elaborated and shaped so as to accomplish not merely protection of society, but also the proper study and treatment of the insane as sick persons. In this way there has been developed in every well-organized country and state a system of laws and official and institutional provision which has for its object the intelligent dealing with insanity and the insane. This development has not progressed uniformly anywhere, and in our own country alone examples of all the stages through which it has passed, from the crudest to the most highly organized and refined, may be found in the laws and in the methods of attending to insane persons. Fortunately, in New York State,

though there is still much need of improvement, the laws and the official provision are among the best in the country. For this reason and because of the practical bearing of my remarks, the references which I shall make in regard to recent progress and further needs in the methods of recognition, examination, and commitment of insane persons will relate to New York State, and especially to this City.

The attempted assassination of Ex-President Roosevelt and of Mayor Gaynor by insane men has aroused widespread inquiry and interest concerning the means available or possible for discovering such persons in the communities, and for taking suitable steps to prevent them from doing anti-social acts. There are, however, no laws nor official methods, nor is it possible to devise any, which can be depended upon to prevent such occurrences, so long as the present general ignorance regarding the nature and proper treatment of mental disorders continues to prevail, and so long as intelligent advice is so difficult to obtain and so unlikely to be sought and followed. Thousands of persons of unsound mind are at large. Few of them are dangerous, but there are always some who are liable to become so under some conditions. No official is required by law to try to find them, or to interfere with them unless their incapacity for social adjustment and their need of care and treatment are brought definitely to his attention. Under the law the father, mother, husband, wife, or children of an insane person, or his committee or guardian if there is one, is required to see that he is properly cared for. If his relatives or guardian neglect to attend to him, or if there is no one responsible for him, certain officials are charged by law with the responsibility of looking after him. Up to a few years ago this responsibility was placed on the poor-law officials and a very large proportion of insane persons received the first official attention given them from the police. Now, however, except in the City of New York and in Albany where, under the old system, fairly good methods had been adopted, the responsibility of looking after an insane person in the community is placed upon the medical officer of health. In New York City,

the trustees of Bellevue Hospital in the Borough of Manhattan and the Bronx, and in the other Boroughs the Commissioner of Charities, are responsible.

The first signs of insanity are, however, not likely to be recognized or understood by those who come in contact with the person affected, and even when suspicion is aroused they hardly know how to proceed. The family physician, if consulted, is unfortunately often unable to be of much assistance. This is not the fault of the individual physician, but is due to the neglect of mental disorders in the instruction furnished by the medical schools, and this in turn is due to the ignorance and apathy of the public. In the general hospital and dispensary provision throughout the city the subject of mental disorders is practically ignored except at a few places. There is one special hospital in which some of the physicians are qualified to give advice in mental disorders, and out-patient departments for mental cases are conducted at the Neurological Hospital, Bellevue, the Vanderbilt Clinic, and the Cornell Medical College. Quite recently a dispensary for functional nervous and mental disorders has been opened in the lower East Side by the Committee on Mental Hygiene of the State Charities Aid Association. Persons suspected of mental disorder may also be taken for examination to the Manhattan State Hospital at Ward's Island, or the Long Island State Hospital at Flatbush. The prevailing ignorance and the meager provision made are, however, in marked contrast to what may be found in relation to other classes of illnesses, and, in consequence, persons suffering from mental disorder all too frequently remain unrecognized or misunderstood and neglected until some anti-social act or acute episode compels attention. The newspaper accounts of such occurrences reflect plainly the prevailing apathy and laxity with which the question of responsibility for them is regarded.

Some provision is now made for the mental examination of juvenile delinquents, a considerable portion of whom are always found to be defective or distinctly abnormal. The need of careful, systematic examination into the mental condition of

school children by specially qualified examiners is also beginning to be clearly recognized in educational circles. This need has long been apparent to well-qualified observers and there can be no doubt that a well-organized department under a highly qualified expert should be established by the City for the purpose of carrying on the work efficiently. The advantages to the public and to the children would more than repay the cost. More adequate provision for the mental examination of adult delinquents would also repay the cost several times over. In some of the New England States a person accused of crime who pleads insanity, or who appears to be insane, may be at once sent by the Judge to a State hospital for the insane for a period of study and observation. In this State the law requires that such a person must be first *declared* insane before he can be sent to a State hospital. The observation plan of the New England States seems to be much better, as it provides for systematic observation and study of the case by specialists under conditions favorable to ascertaining his actual mental state. Under this system fewer attempts to evade responsibility by pleading insanity would be likely to be made. There would also be less likelihood of conflicting testimony by experts, some of whom may perhaps not have been permitted an opportunity to examine the person systematically, or, at best, may have had no opportunity for the continued observation which is essential to arriving at a correct diagnosis. The prison physicians in New York State are not required to be qualified in mental disorders and no provision is made for examinations into the mental state of inmates of the prisons, except in instances in which signs of insanity become evident to the prison officials. Better provision is made in some other countries, and in at least one other State in this country in which specially qualified physicians are employed to examine the inmates of all the prisons. It has frequently been stated by those in a position to know, that a considerable proportion of the inmates of the reformatories and prisons are distinctly defective mentally, or insane, and that the methods of these institutions are not at all adapted to their proper treatment. The

recognition and proper disposal of these cases are of great importance. Many of them are no doubt still insane or so defective as to be clearly a menace to society when they are discharged at the expiration of the period for which they were sentenced, and they are almost certain again to commit criminal acts.

For the more prompt recognition of persons suffering from mental disorder, we must, therefore, look forward to and try to bring about a period when people generally will be better informed concerning the nature of insanity and the proper methods of dealing with it, when every physician will have had instruction in mental diseases and be better qualified than at present to give useful advice and aid, when there will be more special departments in dispensaries and general hospitals and more special hospitals to which application may be made; and where expert knowledge will be utilized more generally and more efficiently in the examination of children, of delinquents, of immigrants coming into the country, and to people generally. To bring this about is one of the objects of the work which has been undertaken by the National and State Committees on Mental Hygiene.

The appearance of mental disorder in a member of the family is a calamity the magnitude of which can be fully known only by those who have been obliged to face it. The actual facts of the case are accepted with the greatest reluctance and unless the condition quickly becomes aggravated, an examination by a physician specially qualified in insanity is seldom considered necessary or advisable. The popular view of insanity seems to be that it is a specific condition which is distinctly and widely different from what may be observed in the sane. While this is true of the more extreme types of the insane and of the sane, the line of separation between the two is by no means sharp and clear. Decided changes in the conduct and behavior of an individual which cannot be satisfactorily accounted for as an expected and healthy reaction to actual occurrences or experiences should always, therefore, raise the question of possible disease, and the best advice obtainable should be sought exactly as when other

forms of disease are suspected. Inquiry should be made as to whether the physician to be consulted has had any training or instruction in mental diseases. There are in every large city and in many instances in the smaller places, physicians who have had experience in the State hospitals. These physicians are better qualified to give useful advice and aid, even in the milder forms of mental disorder, than the ordinary practitioner. In New York City examinations and advice may be obtained at the dispensaries and hospitals already referred to. Information and advice as to how to proceed will be given at the office of the Committee on Mental Hygiene of the State Charities Aid Association, in the United Charities Building, at Twenty-second Street and Fourth Avenue. This Committee is especially interested in preventive work. In many instances the nature of the case can be determined only by means of continued observation and study. This can be attended to in the homes by private physicians, or the patient may be removed to Bellevue or to the Kings County Hospital. The psychopathic wards at these hospitals are the only ones in the city. They are in charge of specially qualified resident physicians who have permanent salaried positions, and the cases are carefully studied and well treated. No better provision for observation and temporary care of persons suffering from mental disorder can be found anywhere in the country. Up to within a year or two, the only way in which a patient could be taken to these wards was with his own consent or under arrest. It was necessary to call a policeman. Now, however, when a reliable report is received from the person with whom an apparently insane person is residing, or at whose house he may be, or from the father, mother, husband, wife, brother, sister, child, or the next of kin available, or from a duly licensed physician, or a peace officer, or the representative of an incorporated society doing charitable or philanthropic work, that the person is in need of observation and examination, or of immediate attention, and that he cannot be induced to go to the psychopathic ward or other suitable place, the law requires the chief resident alienist of the psychopathic ward to send a nurse or a medical examiner,

or both, to see the patient, and, if in his judgment there is immediate need of care and treatment or observation for the purpose of ascertaining the patient's mental condition, he may cause the patient to be removed to the psychopathic ward and kept there for a period not to exceed ten days. This method is infinitely superior to that which formerly prevailed when it was necessary to appeal to the police, or make an accusation of disorderly conduct to a magistrate. The principle applied is similar to what has long been followed in dealing with infectious diseases, and the constitutional rights of the individual are interfered with in the one case no more than in the other. Now that the paramount medical needs of the cases are more clearly recognized and provided for, further steps should be taken to furnish new psychopathic wards with adequate room and facilities for better classification and for the requirements of modern methods of study and treatment. This is, I understand, already contemplated. Better provision for patients who can pay for private care is also much needed in the city. At present none of the corporate general hospitals are equipped with buildings or wards for mental cases, and the whole question of adequate care for acute delirium and all other emergency forms of mental disorders has been strangely ignored by private philanthropy.

When, after examination and observation, it is determined that institutional treatment is needed, the question of the admission of the patient to one of the institutions for the insane is presented. Many people are not aware of the great improvements which have been made in the institutional treatment of the insane and still associate with it the use of cells, strait-jackets, close seclusion, and other harsh repressive measures. This is a view of it which one sometimes sees presented on the stage or in the moving-picture shows. One of the objects aimed at in the exhibit presented here is to remove this mistaken traditional belief, and to show the methods which are actually employed. The institutional system for the insane of New York State is of a superior character. It consists of 16 State hospitals and 23 licensed private institutions, all of which are under the control

or supervision of the State Hospital Commission. The private institutions are regularly visited and inspected by the experts of the Commission, who talk with the patients and control the standards of administration and treatment. Probably few people are aware that provision is now made in the law for the admission at any of the institutions for the insane of suitable patients who make application voluntarily. A great many persons have taken advantage of this provision and have thus been able to obtain institutional care and treatment at an earlier period than would have been the case had it been necessary to wait until certification and commitment by court order would have been possible. This means of receiving early attention should be used much more generally. At Bloomingdale Hospital, during the past year, nearly half the patients received came in this way. Much hesitation is felt in deciding to seek admission for a relative or for one's self to an institution known to be purely for mental cases. This is not to be wondered at in the case of extremely mild types of mental disorder, and one of the needs which is much felt, is for special sanatoria where such cases could receive as skillful study in treatment as are now obtainable only in the best institutions for the insane. Even for the more pronounced cases, however, the State hospitals and licensed private institutions are, if possible, avoided by many, except as a last resort. They prefer to use unlicensed institutions which are illegally conducted, and where they lose the safeguards and other advantages of State supervision. One of the reasons for this is the desire to avoid having a patient committed. In some instances this desire is based upon business, social, or family reasons which seem paramount. As a rule, however, it is due to ignorance of what the purpose of a commitment is and of the procedure. Many believe that it inevitably involves publicity, and that when once committed a patient can be discharged only by action of the courts. It is perfectly true that in some States the procedure for the commitment of a person to an institution for the insane requires a trial in court and leads to publicity. In this State, however, the procedure is nearly always very simple, and no

appearance in court is necessary. An application, and a certificate signed by two physicians, must be presented to a judge of a Court of Record, who nearly always, without further proceedings, makes an order authorizing the admission of the patient. The object of this is principally for the protection of the physician who is in charge of the institution where the patient is to be detained. It does not, however, entirely relieve the physician of responsibility, as the law requires that he may refuse to receive the patient if he does not consider that he has been properly committed. The judge may, if he deems it advisable, have the person, for whose commitment application is made, brought before him for examination, or he may appoint a referee or call a jury and take sworn testimony. In this way provision is made for the full protection of the patient's rights. When the condition of the patient is such that treatment is urgently needed provision is made for his admission to the institution and detention for not more than ten days pending the obtaining of the order from the judge.

The trend of development in legal procedures relating to commitment of the insane is towards having medical consideration prevail more and more. Ample provision is made and should continue to be made for protecting the patient's right to liberty. This, however, under the New York State system of State supervision, is well safeguarded. If there is any danger of improper detention it is in unlicensed institutions and houses which are entirely free from official supervision. Under the State system certified copies of the papers relating to every patient received at a State hospital or licensed institution must be sent to the State Hospital Commission. The experts of the Commission at their visits to the institutions see all patients received since the previous visits. Letters addressed by the patients to the Commission, to the Governor, to judges of Courts of Record, to the Attorney General, or to a District Attorney, must be at once forwarded without examination. Any letters addressed by the patient to anyone must either be forwarded to the person addressed, or if for any reason this is evidently improper, they

must be sent to the Commission with a note of explanation. Under the law the medical superintendent has power to discharge a patient, or he may be discharged by the Commission. No court proceeding is necessary, though an appeal to the courts can always be made. With the present splendid system of State supervision and control, even the formality which is still required by law seems to serve no useful purpose in a large proportion of the cases. They are either so ill that they are quite incapable of exercising any choice as to where they should be, or they are quite content to remain in the institution. When the public learns to have the same confidence in the State Hospital Commission and the State hospital superintendents as they now have in the courts, much of the expense and trouble incident to the commitment of the insane will be dispensed with, and the patient will be looked upon as under medical quarantine rather than under commitment.

OPENING ADDRESS

PRESIDENT NICHOLAS MURRAY BUTLER
Columbia University

Ladies and Gentlemen:

My part in the exercises of the evening is an exceedingly unimportant and brief one, but it would not be adequate were I to fail to give expression to the interest which all good citizens must feel in the undertaking which has been carried on here so successfully for some days past.

From one point of view, I suppose it might be felt that so widespread an interest in mental disorder and insanity was suspicious, but I am disposed to think that this interest rather reflects the new point of view which has so largely taken possession of our constructive thought and our civilization during the past generation. We have begun to understand the meaning—the social meaning, I may say—of the word prevention. We have begun to understand the significance to the great community at large, of those acts of caution and of care, of study and of the application of knowledge, that promote the happiness, the comfort, and the prosperity of mankind through foresight. It used to be considered adequate and a sufficient mark of scientific training and of civilization to wait until something abnormal had happened, and then to set about its cure as speedily and as wisely as might be practicable. We have now gone far beyond that and are studying all forms of disorders, physical, mental, social, for the purpose and with the aim of prevention.

I think that this point of view, which may perhaps be summed up in the one great word, conservation,—the conservation of our resources of every sort and kind, through an understanding of the ways and means of preventing disorder,—the fact is not only

one of the achievements of the past generations, but one of the most hopeful and promising signs for the future. Then, too, we stand in the presence of a new revelation, the power of science to aid humanity. We have had these revelations in great number for a generation past. We have seen the sea, the air, the earth, all harnessed in new ways to the uses of man, and we are now, after the fashion of Socrates, turning this scientific knowledge and skill in upon ourselves, and are beginning to find the very many phenomena that long passed unnoticed are significant and full of warning for those who would protect public health, mental, physical, and moral, and that the time has come when we must address ourselves to an observation of their significance, to a teaching of them to the public at large, and to an abiding by the lessons that they teach.

In a general way those seem to me the great permanent and important lessons of the experiences that have been taught here during the past few days, and it is not without interest that this great series of gatherings is to come practically to an end with one arranged in the interest of teachers and for their instruction.

Who is to take care of the body politic in its body and its mind if the teachers are without knowledge, without insight, and without interest, and how can that knowledge and interest and insight be better had than by listening to those who are skilled to teach and who are full of zeal for correcting and preventing great evils, so widespread, so important and so influential as to seem almost contagious in their character—those that arise from various types of mental disorder, with everything which those fateful words imply?

I have, therefore, particular pleasure in taking the chair at this evening's gathering, and in presenting the scholars who are to speak for our instruction and guidance on different aspects of this great subject. I have pleasure in presenting first, Dr. August Hoch, of the Manhattan State Hospital in this City.

EARLY MANIFESTATIONS OF MENTAL DISORDERS

AUGUST HOCH, M.D.

Professor of Psychiatry, Cornell University Medical College, and Director of the Psychiatric Institute of the N. Y. State Hospitals

Mental hygiene has many points of contact with hygiene in general, not only in the sense that the bodily condition, naturally, reflects upon the mental state, but also in the sense that in the prevention of insanity a considerable portion of our task does not belong, strictly speaking, in the realm of mental, but in that of general, hygiene. It is necessary to constantly repeat that insanity is not one disease but a comparatively large number of diseases or disorders which differ widely, not only in their manifestations but in their causes; so that in everything which refers to the practical dealing with treatment and prevention we have to follow quite different principles in the different kinds of diseases. In some of these diseases we are dealing with plain physical causes or conditions, such as syphilis, diseases of the blood vessels, the premature wasting of brain tissue in advanced years, or we are dealing with alcohol or other poisons introduced into the body. The prevention of some of these diseases which, in part at least, have clean-cut causes, is theoretically simple and the task before us clear enough, as clear as it is, for example, in tuberculosis. That nevertheless even in these disorders the task is a difficult one, is due essentially to such human factors as ignorance, selfishness, and prejudice.

When I was asked to speak here on "Early Manifestations of Mental Disorders," I took it for granted that what was expected of me was not to deal with the early manifestations of the diseases we have just mentioned, diseases to which we are

in the habit of applying the term "organic mental diseases," because in them the early manifestations of insanity stand in a different relation to the development of the disorder than do the early manifestations in another group to which I shall direct your attention more particularly this evening. In the organic mental diseases the early manifestations are much more an integral part of the disease; they indicate the beginning of the actual breakdown, they represent the first indications that a severe brain disease has started. On the other hand, in the other group of mental disorders we find frequently, even in early childhood, or at the age of puberty, or during adolescence or later, here and there certain peculiarities of character, certain defects of self-management which we must regard as danger signals and which should be taken much more seriously than is commonly the case. Such evidence we psychiatrists have learned to recognize, above all, through careful inquiries into the life histories, the characters, the habits of those individuals who are brought to us after the mental breakdown has occurred. And the conviction has more and more been borne in on us that the public and, above all, the physicians have not paid enough attention to such signs, and that a better knowledge of these early danger signals should be useful to all those who have to deal with children and young people.

Of course one might ask then, whether we have a right to speak of such danger signals as early manifestations of insanity at all. It might be said that these are essentially defects of constitution, of make-up, of habits, and moreover, defects which need by no means always be followed by insanity. And it might further be said that, in treating of these more particularly, we are really not talking on the subject which was announced. But whether or not we should regard such signs as true early manifestations is, after all, a purely academic question which sinks into insignificance beside the essential question, namely: what is of practical importance? and from that point of view it seems to me that these *earliest* signs deserve more particularly to be pushed into the foreground. However, they undoubtedly repre-

sent unhealthy ways of living, and, though they may be, and undoubtedly are in part, the expression of a poor endowment, there is, we are convinced, much in them which, through better understanding, through the fact that our attention and our studies are directed to them, we shall learn to manage better. While there has been a certain tendency, on the one hand, to disregard these earliest manifestations of insanity, there has also been, on the other hand, a tendency to emphasize unduly heredity and degeneracy as unalterable factors in the individual which lead to a somewhat fatalistic sizing up of the situation. There is much which goes to show that such a view is one-sided, and we hope that the future will prove that it is unnecessary.

Two ways are open to treat the subject in hand. Either we might give you a *summary* of observations which have been made in regard to these earliest signs of lack of mental balance, or we might briefly consider some concrete instances, some living examples of individuals, some life histories which illustrate definite defects which were present for years or throughout life, and which show clearly that the breakdown did not come out of the clear sky but was rather an eventual outcome of inadequate self-management and inadequate management by the environment—to be sure in addition to a certain weakness inherent in the individual. I shall choose the second course, and briefly make you acquainted with some actual observations.

The first patient is a young woman, about whose early life we are fairly well informed. We are told that even as a child she was hard to manage and took advice badly. While I cannot find any very concrete examples or instances under which this behavior manifested itself, the notes give enough to show that the difficulties which the parents and teachers experienced in managing the child were not due to any very active traits on the part of the latter, not to that kind of boisterous childish vivacity which is seen in normal children who are hard to manage; but rather to a passive resistance. She got along pretty well when left alone, but even simple adaptations were difficult for her. Thus it troubled her when her things were touched, or when

she was interfered with in any way. Her reaction then to such interferences was, however, not an aggressive one from which a certain healthy shaping of the situation might be expected, but a rather fruitless irritation, and more particularly, as is stated, a "going off by herself." Again, and quite consistent with what we have said, we are told that she played little with other children, was apt to cry when things did not go just her way, and then left her playmates. It is also specifically said that she was not liked by others. Children have a quick appreciation of barriers which another child, or for that matter an adult, erects about him, and shun that kind of personality. In company she was silent, took no part in what was going on, and very often left the room. She seemed ill at ease and bashful. But she was not stupid, on the contrary rather above the average in intelligence, and she worked hard at school and had good marks. At 16 she became over-religious, a change which was not accounted for by anything that happened in her environment. Then came a year at business college which, so far as the work was concerned, was also passed satisfactorily, though her general traits did not change. But when the time came to use her knowledge, that is, to change from a more receptive situation, which makes infinitely less demands than the much more difficult task of stepping out into the world of responsibility, then she was unprepared and shrank from it; instead of taking positions which, evidently, under the force of example and promptings from home she did seek for a time, she found fault with everyone, and remained inactive. She married at 18, and after the birth of the first child developed a serious mental disorder, from which she has not and will not recover.

A somewhat similar situation is seen in the following patient, though here the gradual changes are more plainly shown. This patient is described as a girl who was also shy and retiring, inclined to be afraid that what she did she did not do right, afraid that she was not obedient enough and she was apt to tell other children to be more obedient. Though she had the opportunity, she did not play much with others, but preferred to be by

herself, and somehow she was always unable to get into real contact with those about her and to derive satisfaction from this. Yet she, too, was quite intelligent and good at school.

When puberty came on, with its physical changes, she was unable to take this naturally and had warped ideas about it. At 15, though she continued to look healthy and was a rather strapping girl, she began to sleep badly and appeared more absorbed. She also became fault-finding, dissatisfied; and even when changes were made according to her wishes, this did not bring satisfaction and she could not be aroused. This had been the case during the summer. When she went back to school it was soon found that she worked badly, but it was months before the mother made inquiries at the school, and then she was told that the child acted funnily, got rattled, and was the laughing stock of the class. She was taken home. Then attempts were made to divert her by taking her to parties and theaters, which, however, in her condition, did not improve matters. Again some months passed without anyone suspecting anything more serious, until suddenly she made a strange remark. But this was soon forgotten, and when vague thoughts and quandaries appeared about the meaning of life and death, about the universe, and so on, they were not regarded as especially important or strange in a 15-year-old girl. However, the catastrophe was now not very far off. After a while she suddenly turned against her mother, spoke of the devil being after her, and finally got into a state of frenzied excitement. When she was finally brought for treatment she was in a stupor-like state in which her interest and her contact with the environment were extremely interfered with, a state in which she had completely turned inward, so to speak, and from this she has never and will never emerge.

Somewhat different is the following case, that of a girl whose early history presented nothing very striking. It is said, however, that she always objected to control of any sort, but she got along fairly well until some six or seven years before the marked mental symptoms appeared, that is to say, she got along moderately well until her nineteenth year. At that time she went

to a Normal school. There she was moody and unnatural, was given to all sorts of fads about her diet, which is always to be looked upon with some suspicion. She felt tense, complained of cold feet and various digestive disturbances. In order to escape this, as she herself says, she lived a rather dissolute life for a time but, of course, without getting any real satisfaction from it. Later she began to study music but developed again what was called neurasthenia, was dissatisfied, uncomfortable, tense. Again, she made faddish attempts at treatment, this time by all sorts of absurd relaxation exercises which, of course, did not go to the root of the matter, and at the same time she lived in an environment in which vague thoughts prevailed, while balance and robust common sense were lacking. Suddenly the outbreak came when she proposed to a man whom she knew but slightly. She rapidly lost weight, though she was married, and her conduct, in other ways, was absurd.

The following instance I desire to speak of, not because the patient showed similar traits in her earlier life to those already mentioned, but because it is an excellent example to show how poorly understood were the danger signals, even when they appeared in a very marked form, and just how that step was taken which, above all, should have been avoided. The situation was this: A predisposed girl begins to show mental symptoms when she becomes engaged. Nevertheless she is allowed to marry, and upon this the psychosis at once breaks out full-fledged. The patient is a girl of 22. She was not very bright at school; sometimes when the teacher asked her questions she gazed at her without answering. But on the whole she was not very peculiar, not decidedly unsociable. From the seventeenth year on, however, a change came over her and she then became more reticent and less sociable. Seven months before admission she became acquainted with a man, is said to have become very much infatuated with him, and got engaged after a short acquaintance. Soon after this she began to show an indefinite fear and, having lived away from home, she now returned to her parents' house. She soon developed fancies, thought her fiancé might come after her with

a knife. She had crying spells without saying why, was morose, and asked her sister to chop her head off.

In spite of this plain beginning of the psychosis, as we have said, she was married some weeks before admission, and very soon got much worse and developed a grave psychosis from which she will not recover. Now, anyone who is at all observant would have been struck by the fact that definite symptoms appeared when she became engaged. This should have been a warning, but of course it was not a warning because no attention is paid to such things, very often not even by physicians. To a psychiatrist the situation would have been very plain, for not only did she show mental symptoms, but mental symptoms which directly pointed to the fact that they were connected with a lack of adjustment to this marriage, although this, to be sure, was not conscious. The popular belief that marriage cures nervous and mental trouble, a belief which is not only common among the laity, but also among doctors, is a dangerous one. It is precisely a question of defects of sexual adaptation which are so common among these individuals, and therefore we should do everything we can to eradicate this belief. That it exceptionally holds good must be admitted, but usually the opposite is the case, and I could cite many instances in which the advice to marry was full of serious consequences in individuals who were predisposed. The psychosis broke out, as was to be expected, with a peculiar attitude towards her husband and she was afraid of him and began to doubt whether he was her husband, and in other ways showed that she was utterly incapable of this adaptation which was demanded of her by the marriage.

These characteristic cases must suffice to show some of the traits which patients who develop insanity presented long before a breakdown was thought of. It is surprising how rarely we find that any such calamity was expected, even when the indications became only too plain. The stories which I have presented refer to that form of mental disorder which we call dementia præcox, or, at any rate, to disorders closely related to this. I shall presently try to make clear what is meant by this disease.

For the present it seems not out of place to state that the yearly admissions to our hospitals which belong to this general group, represent nearly a quarter of all the cases admitted, and to further state that it is a conservative estimate when we say that the New York hospitals for the insane at the present moment take care of about 15,000 such patients, that is, half the inmates of all the institutions.

And now as to the meaning of this condition: We are becoming more and more convinced that some mental disorders are reactions of a similar nature, as we find in normal people; and, as in the normal these reactions to life are adjustments, so are these mental diseases attempts at adjustments, but no longer adjustments which take account of the facts, or of the world as it is, but fictitious adjustments—they are poor instinctive attempts at getting satisfaction which life did not furnish, partly on account of the inherent difficulty in the individual to accomplish proper adaptations to the difficult business of life, but partly also, as we have said, on account of often unnecessarily poor self-management on the part of the individual, or defects in the environment. Hence, we are learning to understand many even grotesque manifestations of insanity. We can, when we are able to penetrate into the devious trends of thoughts and feelings of our patients, see a meaning and a purpose in them. But it is precisely this which gives us the conviction of a continuity between the personality, with its faulty self-management before the mental breakdown, and the disease proper. But it also gives us the conviction of a continuity of these forms of insanity with milder forms of mental disorder which are not called insanity, or with neurasthenic and nervous states, or with the internal disharmonies of many so-called normal people. The nervous person of any kind is somewhat out of touch with his environment and does not get his full satisfaction out of life; we find that those natures are most in danger of breaking down with dementia præcox in whom the interference with the proper touch with the environment is most marked. They are natures who turn away from reality, who shun the more difficult adaptations to life.

And, when we analyze the symptoms of this disorder, we find that they are essentially the expression of this attitude of turning inward and the growth of fancies which invariably result when the interest in the real world stops.

We have seen that the chief early manifestations in this group of diseases, the chief characteristics of the persons, were those of reticence, seclusiveness, stubbornness, brooding, sensitiveness, a certain suspiciousness, together with oddities and strange behavior. Such peculiarities, which have their causes not only in unalterable innate personal traits, have a tendency to grow. It is not surprising that such persons should be found unprepared when adaptations to new situations are required through internal and external changes as those which come with puberty, with stepping out into life, with marriage, etc.

Dementia præcox is not the only disorder of which I wish to speak. A similar number of admissions to the hospitals is furnished by those forms which we call mania and melancholia, disorders which may be regarded essentially as exaggerations of normal emotions. These diseases are less serious. They are apt to begin much more abruptly and, as a rule, they lead to recovery; though relapses are common which, however, again tend to the re-establishment of the normal state. A considerable number of these disorders occur in later life, especially melancholias. In harmony with the better outlook of these disorders we find the fact that the individuals who develop them are much more natural, though we find among them many who habitually have a tendency to look on the dark side of life, or we find slight traits like those mentioned above, or nervousness, or emotional instability, or other traits.

I cannot refrain mentioning here a case which belongs in this group, a case which may serve to show how an early treatment would have avoided more serious consequences. The patient is a woman of 31, who, though not very bright, was a conscientious worker in a shop. She always worried a good deal, cried easily. She was called a home-body and had little association beyond that of her mother. A young man called on her occasionally for a

number of years. For a year he did so more frequently and finally spoke of an engagement. Nine months before admission the patient had found out that he was already engaged. She was much upset, cried, walked the floor, slept poorly, said she had nothing more to live for, and was unable to work. Now, this patient should have been placed under treatment at that time when the condition was one of a simple depression well accounted for. Instead of this she was kept at home. She did improve a little, but friends kept telling her all about the man's doings, that he was married, and so on, and her worry again increased, and finally the mental disorder took a more serious form—a sudden change came over her, a change which she expressed by saying that she had no feeling. Under observation she complained essentially of this change, said she was not herself, her body was changed, her head empty, and she was very much agitated. This is a well-known condition and one from which the patient will finally recover, but is one which is more serious than the one she had presented at first and one which is apt to last much longer. It could plainly have been avoided if the public fully appreciated that treatment should be instituted earlier in the attack and not only when the condition is so advanced that we have gone beyond the point of elasticity, or that at any rate very much less can be done than would have been possible at first. The case teaches some other lessons, but I fear it would take too long if I were to go into details.

And it is not insanity only of which we should speak in this connection. We have already mentioned the fact that there is a continuity between these forms of insanity and milder abnormalities. Here all sorts of nervous symptoms should be mentioned: moodiness, depression, insistent doubts and uncertainties, abnormal lack of decision, unfounded suspicions, uncalled-for feeling of being at a disadvantage, feelings of inferiority, exaggerated anxiousness and timidity, sexual uncertainties and doubts, visionary tendencies, peculiarly warped mental attitudes and many oddities of behavior, etc. Although many such people do not break down, they often suffer enough. Think of the colossal

amount of energy which is expended in their struggles and taken away from useful activity, and think of the trouble which some of them make in the world and the hardship which they impose upon others, and yet many of these traits are often regarded, I might say, as legitimate traits, or at any rate as traits which are the expression of such and such a personality, and therefore are looked upon as settled.

It is not within the scope of a paper which is supposed to call attention essentially to the early manifestations of insanity, to speak at length of remedies. And moreover I could not offer any simple means of combating all these ailments of which I have spoken this evening. They are the outcome of many internal and external factors and each case is a problem by itself. All treatment, even that with medicines, consists in the application of two principles—that of training and that of rest. It is not different with these nervous conditions. Here the principle of rest, or of relieving the strain, consists in getting below the surface, in trying to find out what are the real causes of these peculiarities of feeling and of behavior, what are the conflicts, the internal attitudes and ideas of the individual; and the same principle also takes into account the correction of wrong influences of the environment. The principle of training, on the other hand, is represented by the teaching of healthy living *under reconstructed conditions.* All this is a task which may be quite laborious and which requires skill and knowledge. But one thing is certain and that is that not only are too few attempts made in this direction, but the danger signals as a rule have not even been recognized, or have not been regarded as such, and nothing at all has been done to modify them. We have looked upon them, as I have said, rather as legitimate traits which this or that person also presented more or less, without coming to serious grief. What must be developed is a feeling that all these traits are important and are to be taken seriously. We must learn that even slight abnormalities of self-management or conduct are matters which need to be dealt with, as matters which not only interfere with the full development of the personality, of which we

are all so much in need, but which later may lead to more serious consequences, and while it is difficult to give simple uniform ways of handling these conditions, they will nevertheless at times be found to be much more manageable than would seem, especially when taken early. Many people often stand at crossroads; in one direction lies health, in the other nervousness or perhaps insanity. Many turn in the right direction from innate sense, others turn the other way because they are constitutionally doomed. But we are sure that many could be guided better if we only paid more attention to these nervous conditions, and would be thoroughly impressed with the fact that they are wrong, to say nothing of the necessity of getting away from a certain admiration of some of them. It might of course be justly stated that much good also comes from people who have certain nervous tendencies, indeed that it is in part these tendencies which create the good. But this is true only of those individuals who find, from their disharmonies and conflicts, a way toward altruistic or artistic pursuits of value, therefore a way toward adaptation after all. This of course is the cause for our admiration of nervousness which for that reason has a certain justification, but that should not prevent us from pointing to the dangers as well. This is one of the tasks of the mental hygiene movement—to call attention to these conditions. What the future will have to bring us is the development, gradual to be sure, like all healthy developments, of provisions for a better management of not only the intellectually defective, but the nervously abnormal children. But mental hygiene should begin even earlier in life, namely, with the infant, and we should constantly insist on the importance of the early years of life for the formation of character and modes of reaction, and upon the necessity of paying much more attention to these years of infancy and early childhood from the point of view of mental hygiene.

But we need also much further study along these lines, and intensive occupation on all sides with the question of nervousness and peculiarities of behavior. We need more and more a psychology which will occupy itself with character formation and with

the individual and its struggles and disharmonies, and, on the part of the school, an appreciation that dry knowledge is not the only thing that is needed, but training to efficiency, and efficiency on the level adapted to the individual, at the bottom of which lies adequate self-management.

MENTAL EFFICIENCY

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Much of the work of the psychological laboratory is concerned with measuring the speed of mental operations, or their accuracy or comprehensiveness, or, in a word, what may be called their efficiency. Reaction time, quickness of learning and accuracy of recall, keenness of observation and breadth of mental grasp, and many similar matters fall within the work of the experimenting psychologist. He desires to determine the average ability in each of these directions as well as the range of variation among normal individuals, the differences between the sexes in such matters, the changes with age and with practice and fatigue. He seeks also to analyze the various mental processes and to determine the conditions and factors that make them successful or efficient.

Now, efficiency is closely related to health. This is so in regard to the heart or stomach, and it is so in regard to the brain. To a great extent the symptoms which the physician relies upon for his diagnosis of insanity or neurasthenia consist in inefficiency of one sort or another. Sometimes the mental processes are abnormally slow, sometimes they are inaccurate, and often they are deficient in breadth or grasp. Many neurasthenics appear to be rather highly gifted in certain directions, and yet accomplish very little; and there are many individuals, not definitely neurasthenic, who yet, from being dilatory or impeded in their intellectual processes, from a lack either in energy or in the directness and whole-heartedness of its application, fall far behind the accomplishment of which they seem capable. These inefficient minds, while not to be classed as unsound, are below the standard of perfect health.

Since both the psychologist and the physician or teacher who is concerned with mental health deal with this same question of efficiency, it should be possible to form an alliance between the two parties. It should be possible to apply the methods and results of the psychologist in this difficult field of practice. As far as concerns his methods of measuring mental efficiency, it should be possible to utilize them for tests of progress or deterioration; and as far as he has results bearing on the conditions and factors of mental efficiency, it should be possible to apply these in training for efficiency and so in combating certain tendencies to disease.

Efficiency is measured by the quantity of work done in a given time, account being also taken of the difficulty of the task and of the quality of the result. In a general way, we may say that efficiency is measured by the quantity times the difficulty times the quality, divided by the time, or, in other words, by the difficulty of the task times the speed of the performance times the excellence of the completed result. The time occupied can be measured; and the quantity accomplished can be measured if the task set is composed of a considerable number of equal parts, such as a number of arithmetical examples of equal difficulty. The difficulty of the task cannot be so readily determined, but is not altogether refractory to measurement. Probably the hardest to deal with is what is rather vaguely termed the quality or excellence of the result. In some simple cases, indeed, quality reduces to a question of accuracy, and accuracy can be measured, since errors can be either measured or at least counted. The psychologist must, however, admit that he has not yet succeeded in so combining these several measures as to obtain a simple expression for the total efficiency. He has no compact unit of mental power, similar to the horsepower of the physicist. What he does is usually to standardize the difficulty of the task and also, as far as possible, the quality of the result, and then measure the quantity done in a given time or the time occupied in doing a given quantity. Sometimes, as in the now well-known tests of Binet and Simon, he provides a series of tasks of graded

difficulty, and ascertains how far up his scale of difficulty the person tested can go. In spite of an obvious lack of perfection in his methods of measuring efficiency, the psychologist can claim to do a little better than report progress, since these methods, even in their unperfected state, can certainly be adapted to practical use.

Presumably, these methods can be utilized not only for detecting feeble-mindedness, as is now being done, but also for noting the early symptoms of dementia præcox, neurasthenia, and hysteria. It is curious that so many who are neurasthenic in adult life do not betray their weakness in childhood. Possibly sexual maturity has something to do with this, for the youth finds himself driving a larger and more unruly team than the one he has guided with fair success through his early years. Possibly it is the increased complexity and tension of mature responsibilities which bring out the latent weakness. Again, it appears possible that the neurasthenic escapes detection in childhood because children in general are not specially efficient; in spite of their high degree of plasticity and their ready powers of assimilation, they lack the drive and steadiness necessary for high efficiency. But there is the further possibility that the neurasthenic escapes detection in childhood because the mental condition of children is not sufficiently well known. School marks are not always a fair index of the pupil's ability. The estimate of the observant teacher is a valuable corrective to the marks, but, even so, it would in some respects be desirable to have tests conducted under strict test conditions, and getting as close as possible to the actual mental processes of the children. Skilfully devised tests might be made to furnish additional information regarding each child's mental efficiency, and thus be of aid in tracing the early stages of mental inefficiency and in combating undesirable tendencies.

There is still one more possibility to be considered. We do not know how far such conditions as neurasthenia are due to congenital weakness, though there is no doubt that heredity is an important factor here as in many other forms of mental ab-

normality. Yet many good authorities are disposed to believe that bad mental habits are an important factor in the unfortunate result. Certainly habits of inattention, dawdling, fidgeting, day-dreaming, lack of directness and frankness, dependence on others, worry, undue scrupulousness, can be formed, and probably can also be avoided. For many such habits, the psychological test can be used as a corrective; for these tests, like the many games and sports that partake of the character of a test or measure of prowess, put the child on his mettle and are sure to arouse his interest. They demand quick, accurate work and, therefore, are a good experience for the child with tendencies to inefficient habits. For example, if the memorizing of a poem is done under test conditions, with speed and accuracy measured, the child, who might otherwise dawdle over the task, will probably be stimulated to work as efficiently as possible, and thus the test in memorizing will provide a sort of training that the ordinary school exercise fails to give. If such tests were repeated at intervals, with opportunity for the child to see in the measures the evidence of his progress, the result is almost sure to be advancement to an efficiency far beyond what at first seemed possible. The skill so gained by special and concentrated training is itself very special and limited in scope. But the experience of doing something efficiently ought to be valuable. What we do efficiently we take pleasure in doing, and when we have found that by training ourselves and continually measuring our success we can reach a high degree of skill, it may give those naturally inefficient among us hope and guidance towards the successful management of a life work.

Efficiency engineering has scarcely made a beginning in the mental sphere, though there are some psychological experiments and results which bear very directly upon the matter. The probability is that mental work is, in general, very inefficiently done. In studies that have been made by the efficiency experts in manual labor the most surprising fact is the number of unnecessary movements and, in general, the high degree of inefficiency of even practiced and ordinarily skilled workmen. It is probable that in

the sphere of mental work, where the operation cannot be directly observed from outside, the degree of efficiency is still lower. There are probably exceptions to this statement, as in the case of arithmetical operations by a skilled bookkeeper, but, especially in the more complex mental processes, the probability is that we are only at the beginning of doing efficient work.

It would be possible to make out a considerable list of conditions and factors in efficient mental work, but time would now be insufficient for any satisfactory account of these. Let me mention simply one or two. One most important factor in skill or efficiency is the power of dealing with large masses of material in a single operation, as in the case of the telegrapher, who writes not by letters but by words and phrases. He works in what may be called " higher units " and this means a great gain in efficiency of his work. In order to deal with these higher units it is necessary to have some power of perceiving relations and wholes, and it is also necessary to be able to put the finishing touches on one act while another act is being prepared. This overlapping of mental processes is a very important factor in high efficiency and the power of perceiving relations and wholes is, of course, essential where any high order of intellectual work is to be done.

Good general health, freshness, freedom from irritants, and many similar conditions must usually be met in order that mental work may be efficient. Cases of pronounced inefficiency, such as those of neurasthenia, seem to show that some of the essential factors are frankness with one's self, directness and wholeheartedness in work, and elasticity of mind.

WHAT PSYCHIATRY TEACHES CONCERNING EDUCATIONAL METHODS

Dr. Stewart Paton

Director of Exhibit of National Committee for Mental Hygiene

President Butler, Ladies and Gentlemen:

This series of meetings will probably become an historic event in the annals of the National Committee, as it is the first large conference devoted to the discussion of Mental Hygiene in which prominent educators have taken an important part.

The conference was planned and carried out by two gentlemen who are not physicians: Mr. Folks, a prominent leader in social work; the second his assistant, Mr. Elwood, who realizes, as the result of his practical experience as a teacher, the importance of these problems. To these two gentlemen belongs the credit for the organization of this great conference.

Two different methods of presentation of the subject assigned to me for discussion have suggested themselves to my mind. First there is the possibility of giving you a summary of the views held by the leading authorities upon these problems; a method incompatible with brevity and therefore not to be considered. There is another one, however, which seems to me to be more suitable for this occasion; and it will be expressed by an attempt to state very briefly the relation of the Mental Hygiene Campaign to the subject of Educational Reform.

How much meaning there often is in a single word! It may decide great issues, epitomize our hopes or fears or express our entire philosophy of life. Think what the term "insanity" represents to the minds of the majority of people; apprehension, fear, despair—a very gloomy background. There is one lesson that should be remembered, as it has been emphasized by the

meetings of this Conference; namely the possibility of discarding the word insanity and substituting for it the term maladjustment. We have been told that life is an adjustment. As long as the process of this adjustment between the individual and environment persists, life is present, but with its cessation death intervenes. Disease is an imperfect adjustment of which mental disorders are a special but not specifically different type. By substituting for insanity the word maladjustment we have made a great advance.

By this change in our point of view we have also unconsciously recast some old and difficult problems in a new form. Think how the whole educational problem now stands out clearly before us. Where once we were blindly groping our way we now follow a plain, straight path.

What is the function of education? What is the first duty of the teacher? Does it not consist in an attempt to estimate the adjusting capacity of every student and then try to help him or her find a place in life where adjustment is possible? Think of the figures on the charts showing the incidence of insanity in the United States.* At the first glance we seem to be looking at a very dark picture. I do not think, however, that there is any justification for a gloomy outlook. Remember our substitution and then reflect upon the actual significance of these figures. Do the numbers not indicate that there are so many individuals in the community, who have been brought by defective heredity, undesirable social conditions, or a poor education into a position where they cannot readjust? Why do teachers not realize that they should assist students to find positions in life where it is possible for them to work easily, with pleasure, and at the same time retain their capacity of readjusting to meet the conditions of life. We should not dodge the issue. Our present educational system is to a large extent responsible for many of the figures recorded on these charts. If we analyze the statistics carefully

* Insane in institutions, 187,454. Students in universities and colleges, 183,572.

there is no reason to become pessimistic, while there are excellent grounds for facing the future with hope.

What then is the spirit of the whole movement? Can we not sum it up in a single word? It seems to me that such a course is possible. I should have been very glad to have seen the word teaching dropped from this programme and the word learning substituted for it. The spirit of the Mental Hygiene campaign is one of learning, not of teaching. Dogmatic forms of belief as inculcated by many teachers have unfortunately led directly to many cruel practices. Philippe Pinel was fortunately a great learner. His spirit of inquiry led him to affirm that insanity is a disease of the body not specifically different from other physical disorders. Practical results of inestimable value followed close upon his acceptance of this fundamental principle. Henceforth the insane were to be treated as patients and not as prisoners nor as those possessed with a devil. When Pinel stood in the old hospital in Paris and ordered the chains to be removed from these unfortunate persons he opened up a new epoch in the history of humanity. He did a great deal more than accomplish a great practical reform, as he set people thinking along new lines. He formulated many problems that are of interest to teachers in a very striking manner. In his remarkable book "Nosographie Philosophique" the great number of volumes adorning the shelves of libraries are contrasted with the meager record of exact observations conducted upon individuals. Possibly he had in mind the numbers of physicians and laymen who did not consider insanity to be a disease simply because writers of books had entertained an opposite view. May we not all pause and think about the valuable lesson expressed in this reflection? He appreciated the spirit of learning and refers to its importance in many interesting passages. His observations taught him that there were not specific differences between the activities of the sane and the insane. "In nervous and mental diseases," he declared, "I see the key which will unlock the secrets of human nature as they are recorded in history and moral philosophy."

In order to understand the activities of a normal person we

must often carefully study those of the abnormal individual. The faculties of the former are, as a rule, so perfectly balanced and well adjusted that it is difficult to analyze them. Disease sometimes comes to our assistance in the process of analysis and brings out prominently certain symptoms, thus giving a clew to the interpretation, not only of the activities of the insane, but which lays bare for us the secrets of our own nature.

Is it not strange that more than two thousand years have elapsed since the realization of self-knowledge; "Know thyself," was represented to be the highest attainment for which human beings could strive? Mankind has waited for centuries before any organized effort was made in this direction. Unfortunately the spirit that Bacon deplored is still one of our chief characteristics—The desire to theorize and to dwell on the top of a mountain instead of profiting by a descent to the plain has thwarted our efforts to know ourselves. For centuries man has reiterated certain false doctrines in regard to himself, and the din of argument has served to fix the ideas in consciousness. He has seldom taken the trouble to see whether these notions tallied with the results of actual experience. The mental hygiene movement represents an organized movement to know ourselves, in order that the knowledge obtained may be applied to making our lives happier and more efficient. There are one or two ideas of importance that should be kept constantly before our minds in the discussion of this subject. In the first place we must try and incline people's minds to receive the truth. Fact must be separated from fiction, and to be capable of distinguishing between the two it is essential that students should be trained to associate the study of biology with the discussion of the human activities. It will be a very fortunate thing when some university in this country receives the endowment necessary to establish a great department of biological psychology entirely independent of the restricted influences imposed by speculative philosophy.

One of the most fertile ideas of biological science is that there is an unbroken and uninterrupted chain linking the activities of the lowest with those of the highest organism. If we wish to

understand our own complex activity it is often necessary to return to the study of the simplest organisms in order to comprehend the mental adjustments of the human individual. There is still another chain that science has shown to be unbroken, by establishing the fact that there is no specific qualitative difference between the thought and conduct of a normal, healthy individual and that of the patient afflicted with alienation.

A dependent section of the department of biological psychology should include one of Mental Hygiene; where students could go for information in regard to themselves and for assistance in attempting to estimate their own adjusting capacities. Practical experience teaches that it would often be possible to avert many of the disasters that occur later in life to those who have struggled to attain what in conventionality are called "the advantages of a higher education." The surest protection insuring us against the possibility of a mental breakdown is a good heredity and of almost equal importance the early acquisition of good mental habits.

In closing, may I be permitted to ask how long this country will lag behind many of the European nations in making ample provision for the proper training of medical men for the study of psychiatry? Germany has a reception hospital or psychopathic clinic in most of her large cities, where individuals afflicted with mental disorder may go for treatment, where proper instruction is given, not only to medical students, but also to teachers, lawyers, and social workers. In this country we have only two thoroughly modern and well-equipped institutions of this character, one the new Psychopathic Hospital in Boston, and the other the clinic that will soon be open to the public in connection with the Johns Hopkins University, the gift of Mr. Henry Phipps. How long will it be until there is a fully equipped psychopathic clinic in New York, endowed and established under university control?

If we take a more active interest in the problems of mental hygiene and try to arouse public sentiment to an appreciation of the importance of this subject it is a sign that we have begun to

take an intelligent interest in the study of ourselves and in the problems directly related to the future progress of humanity. Under these circumstances we may repeat, with intelligent appreciation, the words of the French philosopher, " The true study of mankind is man."